[Company Name]

Bi-Weekly Time Sheet

Employee Name:

Week ending: _____6/6/21_____

Day		Grant Name	Grant Name	Grant Name	Grant Name	Grant Name	Total Billable Hours	Non-Grant Hours
Monday	5/31/21							
Tuesday	6/1/21							
Wednesday	6/2/21							
Thursday	6/3/21							
Friday	6/4/21							
Saturday	6/5/21							
Sunday	6/6/21							
Monday	6/6/21							
Tuesday	6/6/21							
Wednesday	6/6/21							
Thursday	6/6/21							
Friday	6/6/21							
Saturday	6/6/21							
Sunday	6/6/21							
Total hours								
Percentage		-	-	-	-	-		-

_____
Employee signature

_____
Supervisor signature

Total