

School/Church Auxiliary Employee Bi-Weekly Time Record

Period Ending: _____

Name: _____

Employee Signature (required)

Address: _____

City: _____ Zip: _____

Authorized Signature (required)
(Pastor/Treasurer/Business Manager)

Social Security #: _____

Week 1:

	IN	OUT	IN	OUT	TOTAL HOURS	OFFICE USE ONLY	
						REGULAR	OVERTIME
SUN							
MON							
TUE							
WED							
THUR							
FRI							
SAT							

Week 2:

	IN	OUT	IN	OUT	TOTAL HOURS	OFFICE USE ONLY	
						REGULAR	OVERTIME
SUN							
MON							
TUE							
WED							
THUR							
FRI							
SAT							

Total hours for this two week period: _____

Hourly Pay Rate: _____