

AGNES SCOTT COLLEGE									
Biweekly Payroll Timesheet									
Employee Name:					ID#:				
Department:					Title:				
WEEK ONE		GL Account #			WEEK TWO		GL Account #		
DATES WORKED MUST BE DETAILED					DATES WORKED MUST BE DETAILED				
	Date Worked	IN	OUT	HOURS WORKED		Date Worked	IN	OUT	HOURS WORKED
Monday					Monday				
Tuesday					Tuesday				
Wednesday					Wednesday				
Thursday					Thursday				
Friday					Friday				
Saturday					Saturday				
Sunday					Sunday				
			Weekly Totals					Weekly Totals	
Employee Signature (Required) _____					Name of event/project _____				
Date					(Supervisor fills this in)				
Supervisor Signature (Required) _____					Processed in payroll date _____				
Date					(Payroll)				
							Biweekly Total		

This timesheet is subject to audit by the college's audit team. Please fill in all information: dates, account #'s, names, signatures, event/job worked, hours and totals.