



Berean Baptist Church & Academy Semi-Monthly Timesheet



Department _____ Name _____

Supervisor Printed Name _____ (Approve w/initials at bottom of form)

PR Date Range: Start _____ End _____

Day of Month	Start Time	End Time	Hours Worked*	TIME-OFF HOURS** (SL, P, VAC, NP)
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
16th				
17th				
18th				
19th				
20th				
21st				
22nd				
23rd				
24th				
25th				
26th				
27th				
28th				
29th				
30th				
31st				
Supervisor's Approval (Initial) _____ Total Hours				

*Hours worked should include any part of an hour which should be expressed as a % of an hour. Example: 1 hour and 30 minutes = 1.5 hours; 1 hour and 20 minutes = 1.33 hours

**F.T. Hourly: Indicate one of the following: (SL-Sick Leave, P-Personal Days, VAC-Vacation, NP-No Pay)