

**COLUMBIA UNIVERSITY
ELECTRICAL ENGINEERING
BIWEEKLY CASUAL TIMESHEET**

EMPLOYEE NAME: _____
 EMPLOYEE SOCIAL SEC. NUMBER: _____
 SUPERVISOR: _____
 ACCOUNT NUMBER: _____
 HOURLY RATE: _____
 DATE: _____

WEEK 1

DAY	DATE	START TIME	END TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

TOTAL HOURS FOR WEEK 1: _____ 0

WEEK 2

DAY	DATE	START TIME	END TIME	TOTAL HOURS
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				

TOTAL HOURS FOR WEEK 2: _____ 0

TOTAL HOURS FOR WEEK 1 & WEEK 2: _____ -

Employee Signature: _____
 Supervisor Signature: _____

Date _____
 Date _____