

Facility: \_\_\_\_\_

## BI-WEEKLY TIMESHEET



**EPIC CONTRACT AND**  
PERMANENT PLACEMENT STAFFING LLC

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

M F

NB: Change of address, rates, account #'s, etc. should be submitted on a Bi-Weekly Set-Up/Change of Information Form and marked AMENDMENT.

DATE (i.e. June 1)	MORNING		AFTERNOON		EVENING		TOTAL HOURS
	Start	Finish	Start	Finish	Start	Finish	
Sun:							
Mon:							
Tues:							
Wed:							
Thurs:							
Fri:							Wk. 1 Total
Sat:							
Sun:							
Mon:							
Tues:							
Wed:							
Thurs:							
Fri:							Wk. 2 Total
Sat:							

\_\_\_\_\_ Date

Description of Duties \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_