

**GULF COAST SOCIAL SERVICES  
BI-WEEKLY TIMESHEET  
NON-BILLABLE HOURS**

EMP. # \_\_\_\_\_  
DEPT. # \_\_\_\_\_

Name: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Program: \_\_\_\_\_

Region: \_\_\_\_\_

WEEK ONE	Date	Start Time	Out	In	Time Out	Hours Worked	Supervisor's Initials	Remarks
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								

WEEK TWO	Date	Start Time	Out	In	Time Out	Hours Worked	Supervisor's Initials	Remarks
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Total Hours								

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Regional Director's Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**INSTRUCTIONS FOR PAYROLL: PAY \_\_\_\_\_ HOURS @ \_\_\_\_\_ PAY CODE.**