Timeclockwizard
Bi-Weekly Payroll

Acme Corp.   From: _____   To: _____

Supervisor: _____
Department: _____
Approver: _____

ID No.	Employee Name	Hourly Rate	Reg. Hours	OT Hours	PTO Earned	PTO Used (Sick Days)	PTO Used (Vacation)	$ (Reg.)	$ (OT)	TOTAL
	TOTALS:									

_____   _____   _____   _____
Employee signature   Date   Supervisor signature   Date