



Clinical Inquest Center Ltd.

Bimonthly Time Sheet

1911 North Fairfield Road
 Suite 230
 Beaver Creek OH 45432
 Phone 937-429-2422
 Fax 937-352-4111

Pay period start date: _____
 Pay period end date: _____

Employee: _____
 Manager: _____

Employee phone: _____
 Employee e-mail: _____

Date	Regular Hours	Overtime Hours	Sick	Vacation	Total
1 / 16					
2 / 17					
3 / 18					
4 / 19					
5 / 20					
6 / 21					
7 / 22					
8 / 23					
9 / 24					
10 / 25					
11 / 26					
12 / 27					
13 / 28					
14 / 29					
15 / 30					
/ 31					
Total hours					
Rate per hour					
Total pay					

 Employee signature Date

 Manager signature Date