SYSTEMS ASSESSMENT & RESEARCH, INC.

Name: LAST NAME, FIRST NAME

Employee ID: NAME & FIRST THREE OF FIRST NAME

SEMI-MONTHLY TIME SHEET

Period Ending: INSERT PAYROLL ENDING DATE

MONTH INSERT MONTH

Control # ERR

							HOURS																	
Contract Name	Job	Task	Suffix	Lab		Pay	INSERT DATES OF THE WEEK																	Grand
Billable	No.	No.	No.	Code	Description	Type	INSERT DAYS OF THE WEEK																	Total
					WEEKDAY REGULAR	R																		
				Total Hours	TOTAL HOURS																			

Employee's Signature:

FAX TO: 301-731-4303 OR 301-731-4344

ATTENTION: HUMAN RESOURCES OR ACCOUNTING