



G-6235 Corunna Rd, Suite C
 Flint, MI 48532
 PH: 810-396-1100

Genesee Education Consultant Services

BIWEEKLY RECORD

Please fill in all date slots even if no hours worked. This helps reduce errors.

 Name of employee
 (as shown on your Social Security Card)

/

 Position

 Worksite District / Location

 Signature of employee

 Name of supervisor

















 Signature of supervisor

TOTAL HOURS BOTH WEEKS

GRAND TOTAL >>>> 

Timesheets must be turned in to your
 worksite supervisor on the
 last day that you work in the pay period.

Please send timesheets to:
Email: payroll@gecs-inc.org **-OR-**
Fax: Attention GECS Payroll at 810-591-4864

20 _____	DATE	Number of Hours Worked <u>Week 1</u>	DATE	Number of Hours Worked <u>Week 2</u>
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total				

Time recorded in 1/4 hour increments (i.e. 15 minutes = .25)