



**BI-WEEKLY TIME RECORD FOR
PROFESSIONAL SPECIALISTS
("Q" EMPLOYEES)**

Employee Name _____

Employee CWID# _____

Department _____

Pay Period Covered From _____ **To** _____

	Date	Hours		Date	Hours
Saturday			Saturday		
Sunday			Sunday		
Monday			Monday		
Tuesday			Tuesday		
Wednesday			Wednesday		
Thursday			Thursday		
Friday			Friday		
				TOTAL HRS	

To the best of my knowledge and belief under penalties of perjury, I declare that the work has been performed in a satisfactory manner by the person whose name appears on this time sheet. Also, the person has rendered services to the benefit of the State of New Jersey and that stated time and pay are true and correct.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____