CENTRAL OREGON COMMUNITY COLLEGE Monthly Time Sheet

HOURLY

COC	C ID #	Name:				Month/Year:	
Date		Hours Worked	Date			Hours Worked	
1	From: to	Worked	16 _	From:	to	TOTACA	Employee:
2	to		17 _		to	ш	Fill in each day with beginning time and ending time. Note number of hours worked each day. This time sheet should be filled out from the first through (including) the last working day of each month and must be returned to PAYROLL by no later than the third working day of the following month.
3	to		18 _		to	ш	
4	to		19 _		to	ш	
5	to		20 _		to	ш	
6	to		21 _		to	ш	
7	to		22 _		to		
8	to		23 _		to	Н	
9	to		24 _		to	-	
10	to		25 _		to		
11	to		26 _		to		
12	to		27 _		to	-	
13	to		28 _		to	Н	
14	to		29 _		to	-	
15	to		30 _		to	-	TOTAL HOURS.
I hereby certify that this time sheet is a true statement of the hours I have worked.							
Date:			Employee's Signature:				
Approved: I hereby certify that this time sheet is a true statement of the hours worked by this employee.							
Department:			Account Number:		Hourly Rat	te: Total Salary:	

Signature of Supervisor:

Original RETURN TO PAYROLL. Keep a copy for your records.

Date: