

CENTRAL OREGON COMMUNITY COLLEGE  
Monthly Time Sheet

**WORK STUDY**

COCC ID #		Name:			Month/Year:	
<b>Date</b>		<b>Hours Worked</b>		<b>Date</b>		<b>Hours Worked</b>
	From:			From:		
1	_____ to _____			16	_____ to _____	
2	_____ to _____			17	_____ to _____	
3	_____ to _____			18	_____ to _____	
4	_____ to _____			19	_____ to _____	
5	_____ to _____			20	_____ to _____	
6	_____ to _____			21	_____ to _____	
7	_____ to _____			22	_____ to _____	
8	_____ to _____			23	_____ to _____	
9	_____ to _____			24	_____ to _____	
10	_____ to _____			25	_____ to _____	
11	_____ to _____			26	_____ to _____	
12	_____ to _____			27	_____ to _____	
13	_____ to _____			28	_____ to _____	
14	_____ to _____			29	_____ to _____	
15	_____ to _____			30	_____ to _____	
				31	_____ to _____	
						<b>TOTAL HOURS:</b>

**Employee:**  
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.

I hereby certify that this time sheet is a true statement of the hours I have worked.

\_\_\_\_\_  
Date: \_\_\_\_\_ Student's Signature:

Approved: I hereby certify that this time sheet is a true statement of the hours worked by this student.

\_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Supervisor: \_\_\_\_\_ Department

Final Time Sheet--Employee Terminated

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