

Central Alabama Community College

Part-Time Employee Time Sheet

The following is a true and correct report of hours worked and leave used:

_____ **to** _____
Month Day Year Month Day Year

Name: _____

SSN: _____

Dept.: _____

HOURS WORKED					COMMENTS
DAY	DATE	TIME IN	TIME OUT	HOURS WORKED	
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
TOTAL					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
TOTAL					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
TOTAL					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
TOTAL					
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					
TOTAL					

TO BE COMPLETED BY EMPLOYEE: I certify that this is a true and correct copy of my hours worked.

Total Hours Worked _____

EMPLOYEE _____

Rate of Pay X

SUPERVISOR _____

Amount Due _____

VERIFIED BY PAYROLL OFFICER _____