STUDENT TIME SHEET

Feather River College

REPORT	TING PE	RIOD: Mo	onth of		in	the year 20
by the H	luman R	esources	n ore hours th Office. All wo	ork perfo	rmed	TO BE COMPLETED BY EMPLOYEE Banner I.D. Number
prior to	an appr	oved star	t date will be	voluntar	у.	Baillei I.D. Nullibei
	DATE	HOURS		DATE	HOURS	Joh Title / Dout
Sun.			Sun.			Job Title/Dept.
Mon.			Mon			
Tues.			Tues			Last Name Only – PLEASE PRINT First Name
Wed.			Wed			I CERTIEV THAT THIS IS A TRUE STATEMENT OF HOURS WORKED
Thurs.			Thurs	j.		I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED.
Fri.			Fri.			Employee Signature
Sat.			Sat.			
WEEKL	YTOTAL		WEEK	(LY TOTAL		
						TO BE COMPLETED BY SUPERVISOR
	DATE	HOURS		DATE	HOURS	I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED AND
Sun.			Sun.			THAT THE ASSIGNMENT WAS PERFORMED IN A SATISFACTORY MANNER.
Mon.			Mon			THAT THE ASSIGNMENT WAS FERI ORIVID IN A SATISTACTORY MAINTER.
Tues.			Tues			SUPERVISOR
Ma/M	1		\Mad	1	1	

COLLEGE APPROVAL

Mon. Tues. Wed. Thurs. Fri. Sat. WEEKLY TOTAL

Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		
WEEKLY	TOTAL	

	DATE	HOURS
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		
WEEKLY		

MONTHLY	TOTAL

TO BE COMPLETED BY PAYROLL					
Regular Hrs.	@				
Overtime Hrs.	@				
	<u> </u>				
Double Time Hrs.	@				
Gross Pay					

SICK HOURS			
DATE	HOURS		
Total Sick			
Hours			