

COLLEGE OF CHARLESTON  
 CHARLESTON, S.C. 29424

# TIME REPORT

LOCATION **Sally Student**

EMPLOYEE NAME **Career Services**

WEEK ENDING **December 18, 2004**

DAY OF WEEK	RECORD OF <u>IN</u> AND <u>OUT</u> TIME					REGULAR COMPENSABLE TIME				OTHER	TOTAL
						010 TIME WORKED	130 OVERTIME	170 ANNUAL LEAVE	180 SICK LEAVE	HOURS	
<b>SUNDAY - 12</b>	IN										
	OUT										
<b>MONDAY - 13</b>	IN	9:00 a.m.	1:00 p.m.								
	OUT	12:00 p.m.	3:00 p.m.			5					5
<b>TUESDAY - 14</b>	IN	9:00 a.m.									
	OUT	12:00 p.m.				3					3
<b>WEDNESDAY - 15</b>	IN	9:00 a.m.	1:30 p.m.								
	OUT	1:00 p.m.	3:30 p.m.			6					6
<b>THURSDAY - 16</b>	IN	9:00 a.m.	1:00 p.m.								
	OUT	12:00 p.m.	4:00 p.m.			6					6
<b>FRIDAY - 17</b>	IN										
	OUT										
<b>SATURDAY - 18</b>	IN										
	OUT										
TOTAL FOR WEEK						20					20

EMPLOYEE CERIFICATION

I certify that the above information is accurate and complete.

**12/19/04**

DATE

*Sally A. Student*

EMPLOYEE'S SIGNATURE

**This timesheet is to be retained by the student's employer and is not to be turned into payroll.**