

COLLEGE OF CHARLESTON
 CHARLESTON, S.C. 29424

TIME REPORT

LOCATION

EMPLOYEE NAME

WEEK ENDING

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	
										CODE	
SUNDAY	IN										
	OUT										
MONDAY	IN										
	OUT										
TUESDAY	IN										
	OUT										
WEDNESDAY	IN										
	OUT										
THURSDAY	IN										
	OUT										
FRIDAY	IN										
	OUT										
SATURDAY	IN										
	OUT										
TOTAL FOR WEEK											

EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete.

DATE

EMPLOYEE'S SIGNATURE

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