

COLLEGE AND CAREER ADVANTAGE TIME SHEET REPORT FOR CLASSIFIED HOURLY EMPLOYEES

Name _____ Department _____

Month Ending Date _____

Instructions: Please submit completed report to your supervisor for approval. The report will be forwarded to the Payroll Department. The report must be turned in by the 15th of the month. If the hours submitted on this time sheet have been pre-approved for overtime, please check the appropriate box specifying the overtime hours as paid hours or comp hours.

DATE	ASSIGNMENT / TIME FRAME	HOURS	OVERTIME	
			PAID /	COMP
Total Hours				

Accounting Only

Paid P/R Code Comp

Hourly Rate _____

Employee's Signature Date

Total Hours S/T _____

Total Hours O/T _____

Total Hours D/T _____

Supervisor's Signature Date

A/C Code _____

Executive Director's Signature Date

