

CLATSOP COMMUNITY COLLEGE Federal Work-study

NAME _____
(please print)

MONTH _____ Year _____

DEPARTMENT (REQUIRED) _____

DATE	REG. HOURS	DATE	REG. HOURS
TOTAL			

For Payroll Use ONLY

Total Hours This Pay Period _____

@ _____ per hour _____

Please Check The Pay Schedule For Timesheet Due Dates And Pay Dates.

Time sheets are available in the Welcome Center or in the Human Resources Office

This form should be signed by both the employee and the supervisor.
Please Note: there will be a \$12.00 charge to replace a paycheck.

12-digit general ledger account # _____

I certify that the total time worked is correct.

Verified as true and correct to the best of my knowledge.

Employee Signature

CCC Employee ID

Supervisor Signature

Date

Date