

SAN JUAN COLLEGE - Hourly Timesheet

Name: _____

Social Security #: _____

Job Title: _____

Department: _____

Pay Period: _____

Dept Acct #: _____

P/R Data Entry: _____

Dept Acct #: _____

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Hours Worked:							
Weekly Hours							

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Hours Worked:							
Weekly Hours							

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Date:							
Hours Worked:							
Weekly Hours							

I certify that the above is a true statement of the hours worked for the above stated time period.

I certify that the above is a true statement of the hours worked by this employee.

Employee Signature Date

Supervisor Signature Date

For Regular Staff Only

Annual Used: _____ Holiday: _____
 Sick: _____ Comp Used: _____
 Other: _____ Comp Earned: _____

Grand Total Hours: _____
 Pay Rate: _____