

HOWARD COMMUNITY COLLEGE

Semi-Monthly Hourly Timesheet

**** DUE TO PAYROLL BY 3rd WORKDAY AFTER EACH PAYDATE****

_____ 2008

ID. Num: _____

16-31

Name: _____

Cost Center: _____

Day	IN	OUT	IN	OUT	IN	OUT	Total Hours
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Totals							

*Student's work for this pay period was performed in a SATISFACTORY MANNER? [] YES [] NO

FINANCE OFFICE USE ONLY

HRV _____
 HRO _____
 FWS _____
 IWS _____

- Instructions: Employee _____ verify, sign and submit to Supervisor
 *Supervisor _____ verify, sign and submit to the financial aid office
 Cost Center _____ verify, sign and submit to the payroll office

Date

Employee Signature

Date

Approved by Cost Center Manager

Date

*Supervisor

Grant Employees:

We certify that all hours recorded were for Work done on this grant in accordance with The grant objective: [] YES [] NO

****DUE TO PAYROLL OFFICE BY 3rd WORKDAY AFTER EACH PAYDATE****