

HOWARD COMMUNITY COLLEGE

Semi-Monthly Hourly Timesheet

**\*\* DUE TO PAYROLL BY 3<sup>rd</sup> WORKDAY AFTER EACH PAYDATE\*\***

\_\_\_\_\_ 2009

ID. Num: \_\_\_\_\_

1-15

Name: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Day	IN	OUT	IN	OUT	IN	OUT	Total Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
<b>Totals</b>							

\*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 3<sup>rd</sup> WORKDAY AFTER EACH PAYDATE\*\***