

FT Support Staff
 PT Support Staff
 PT Student Employee

Centenary College

Name _____ Last 4 of SS# _____ From: _____ To: _____
 Position/Job _____ Due: _____ Paid: _____

Day	Regular Hours	Additional Hours	Vacation Hours	Sick Hours	Holiday Hours	Other	Total
Monday Date:							
Tuesday Date:							
Wednesday Date:							
Thursday Date:							
Friday Date:							
Saturday Date:							
Sunday Date:							
Week One Total							

Monday Date:							
Tuesday Date:							
Wednesday Date:							
Thursday Date:							
Friday Date:							
Saturday Date:							
Sunday Date:							
Week Two Total							

Pay Period Total							
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I hereby certify that the above is a true statement of the hours for which I have worked.

Employee Signature

Date

Supervisor Signature

Date

Supervisor Approval for OT or Additional Hours

Date

