

# COLUMBUS STATE

COMMUNITY COLLEGE

## Payroll Action Form

Administrator

FT Staff

PT Staff

FT Faculty

Adjunct

Non-Credit

Other

Date

Employee Name

Cougar ID

GL Account #

Project ID

### Hours Worked

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Hours Worked							
Date							
Hours Worked							
Date							
Hours Worked							

Total Hours Worked

Pay Rate per Hour \$

Total Pay \$

Deduction

Reason for pay

Employee Signature

Date

Supervisor Signature

Date

Payroll Use Only

Rec'd

Processed by

Checked

Please forward the completed form to payrolloperations@csc.edu or deliver to Payroll, RH227.