

COLUMBUS STATE

COMMUNITY COLLEGE

* Location: _____

* Time Type: _____

HOURLY TIME CARD

* **EMPLOYEE NAME:** _____

* **COUGAR ID:** _____

* **ACCOUNT NO:** _____

PROJECT ID: _____

* **POSITION TITLE:** _____

Pay Rate: _____

Please enter hours in decimal form, for example 1.25 for one hour and fifteen minutes.

	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
No Hrs. Worked								
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
No Hrs. Worked								
	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL
Date								
No Hrs. Worked								

Note:

ALL TOTAL _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

HR/PAYROLL USE ONLY