

Paper timesheets are to be used only as a last resort if portal is unavailable.

**RED ROCKS COMMUNITY COLLEGE**

**TIMESHEET FOR HOURLY, BIWEEKLY EMPLOYEES**  
Please print clearly ALL FIELDS ARE REQUIRED

**Required - Why wasn't an electronic timesheet completed?**

Electronic timesheet was not available to employee

Electronic timesheet was not available to supervisor

Exception granted. Authority: \_\_\_\_\_

Missed entry deadline (set a reminder for yourself)

Other: \_\_\_\_\_

Full Name \_\_\_\_\_ S-Number \_\_\_\_\_

Department \_\_\_\_\_ Org Code \_\_\_\_\_

Position Title \_\_\_\_\_ Position Number \_\_\_\_\_

		Saturday	Sunday	Monday	Tuesday	Wed	Thursday	Friday		
<b>WEEK ENDING</b> ____/____/____	Dates →									
	Week 1 Time in/out								← Week 1 Total Hours	
	*Sick leave in/out									
	Hours									
<hr/>										
<b>WEEK ENDING</b> ____/____/____	Dates →									
	Week 2 Time in/out								← Week 2 Total Hours	
	*Sick leave in/out									
	Hours									

\*Do not request sick time in excess of the time that you had accrued during the pay period reflected on this timesheet. You can check your sick leave accrual totals on 'The Rock' portal. Click here to get to the login page.

**Total Hours Worked:** \_\_\_\_\_ **X Pay Rate at the time work was completed:** \$ \_\_\_\_\_ = **Gross Expected Pay:** \$ \_\_\_\_\_

I (Employee) Hereby certify that the hours reported above are an accurate account of my work hours. I (Supervisor) have reviewed and verified these hours.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

Supervisor S-number \_\_\_\_\_ Date \_\_\_\_\_

Any person who knowingly makes a false statement or a misrepresentation on this form shall be subject to disciplinary action and also may be subject to a fine of not more than \$10,000 or imprisonment of not more than five (5) years, or both, under provisions of the United States Criminal Code. Supervisors: Retain a copy of this timesheet for your records.