

RED ROCKS COMMUNITY COLLEGE
STUDENT HOURLY AND NON-STUDENT HOURLY
BIWEEKLY EMPLOYEE TIMESHEET

PLEASE PRINT CLEARLY

NAME: Santos Charles M.
(LAST) (FIRST) (INITIAL)

S - NUMBER: XXXXXXXXX

DEPARTMENT EMPLOYED BY: Computer Services

POSITION: Lab Assistant II **BANNER ORG CODE:** 123906

TOTAL HOURS WORKED PER DAY (Round off to the nearest quarter hour in decimal format *)

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	TOTALS		
1ST WEEK DATES →	7/31	8/1	8/2/	8/3	8/4	8/5	8/6	REG	O/T	
WEEK ENDING 08/06/10			5.00	4.00	6.00	5.00		20.00		1ST WEEK TOTALS
WEEK ENDING 08/13/10			6.00	5.00	4.00	5.00		20.00		2ND WEEK TOTALS
2ND WEEK DATES →	8/7	8/8	8/9	8/10	8/11	8/12	8/13			PAY PERIOD
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	40.00		TOTALS

40.00 X 7.30 = \$292.00
REG HOURS RATE GROSS PAY

I hereby certify that the hours reported above are an accurate account of my work hours.

EMPLOYEE'S SIGNATURE _____ **DATE** _____ **EXTENSION** _____
I hereby certify the hours reported above are an accurate account of the hours worked by this employee in my department.

SUPERVISOR'S SIGNATURE _____ **DATE** _____ **EXTENSION** _____

ORG CODE ADMINISTRATOR'S SIGNATURE _____ **DATE** _____ **EXTENSION** _____
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 for not more than five (5) years, or both, under provision of the United States Criminal Code.
SUPERVISOR NOTE : PLEASE RETAIN A COPY OF THIS TIMESHEET FOR YOUR FILES.

FOR ACCOUNTING USE ONLY

* CONVERT MINUTES TO DECIMALS

15 MIN. = .25
30 MIN. = .50
45 MIN. = .75

Audited by _____ EARNINGS CODE _____