RED ROCKS COMMUNITY COLLEGE

STUDENT HOURLY AND NON-STUDENT HOURLY

BIWEEKLY EMPLOYEE TIMESHEET

PLEASE PRINT CLEARLY

NAME: _____

(LAST) **(FIRST)** **(INITIAL)**

S - NUMBER: _____

DEPARTMENT EMPLOYED BY: _____

POSITION: **BANNER ORG CODE:** _____

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

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	TOTALS REG	TOTALS O/T	
1ST WEEK DATES ➔										
WEEK ENDING / /										1ST WEEK TOTALS
WEEK ENDING / /										2ND WEEK TOTALS
2ND WEEK DATES ➔										PAY PERIOD TOTALS
	Sat	Sun	Mon	Tues	Wed	Thurs	Fri			

_____ X _____ = _____

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

Audited by **EARNINGS CODE**

*** CONVERT MINUTES TO DECIMALS**

15 MIN. = .25

30 MIN. = .50

45 MIN. = .75