21st CCLC Timesheet-Staff 2020-2021

Monthly Payroll Timesheet

ALL information must be completed in INK.

Employee Name:	
Address:	

Date	Day	Job Description: Class Name with beginning and ending times			# of Hours Worked
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
		Job/Class	Start time:	End Time:	
				TOTAL HOURS:	**0**

Employee Signature Date:

Supervisor Signature Date:

OFFICE USE ONLY	
TOTAL HOURS	0
TOTAL HOURS TO BE PAID	0

Additional Information:

Submit form to Donna Becker for processing by Sept 25, Oct 23, Nov 20, Dec 18, Jan 22, Feb 19, Mar 26, Apr 23, and May 21 for payment on the 15th of the following month.