

LOWER COLUMBIA COLLEGE

COMPENSATORY TIME SHEET

Call Back (Paid Only)

Stand By (Paid Only)

Overtime (check Paid or Unpaid)

Scheduled Work Week

Nonscheduled Work Week

Excepted Work Week

UNPAID

PAID

EMPLOYEE INSTRUCTIONS: USE INK ONLY. Fill out this record for compensatory hours only. At the end of the payroll period, enter name and employee ID, total the hours, sign, and leave the Compensatory Time Sheet with your supervisor.

NAME (Last, First MI)												EMPLOYEE ID						
MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
YEAR	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL HOURS				

I certify the above records to be true and correct

Employee's Signature	Date
Supervisor's Signature	Date
Associate Dean's/Dean's Signature	Date

SUPERVISOR'S INSTRUCTIONS: Assign proper budget number, enter department, check total hours and sign. Forward completed Compensatory Time Record to the Payroll Office by dates and times on the Payroll Schedule.

NOTE to Employee and Supervisor: Information must be complete. Any changes to hours on the time sheet must be initialed by **BOTH** the employee and the supervisor. **INCOMPLETE TIME SHEETS WILL BE RETURNED TO THE SUPERVISOR!**

DEPARTMENT _____ **BUDGET CODE** _____

<u>PAYROLL USE ONLY</u>	
BUDGET NUMBER _____	
DATE PAID _____	
Paid Time	Compensatory Time Only
Type of Hours _____	
_____ X _____ = \$ _____	_____ X _____ = _____
No. of Hours Rate Gross Amt	Hours Worked Rate Hours Added
	Pay Date Posted _____