

RANDOLPH COMMUNITY COLLEGE
 EMPLOYEE'S TIME SHEET FOR MONTH OF: _____
 Name _____ Position _____

COMP TIME MUST BE PREAPPROVED
 Comp Time Carried Forward

Day of Month	Calendar Month & Day	ACTUAL HOURS WORKED						Total Actual Hours Worked	Holiday - Leave Hours	Comp Hours +/-	Total Hours Per Day	Remarks
		Morning		Afternoon		Night						
		Start	Stop	Start	Stop	Start	Stop					
SUN								0.00			0.00	
MON								0.00			0.00	
TUE								0.00			0.00	
WED								0.00			0.00	
THU								0.00			0.00	
FRI								0.00			0.00	
SAT								0.00			0.00	
Total hours for 1st week								0.00	0.00	0.00	0.00	
SUN								0.00			0.00	
MON								0.00			0.00	
TUE								0.00			0.00	
WED								0.00			0.00	
THU								0.00			0.00	
FRI								0.00			0.00	
SAT								0.00			0.00	
Total hours for 2nd week								0.00	0.00	0.00	0.00	
SUN								0.00			0.00	
MON								0.00			0.00	
TUE								0.00			0.00	
WED								0.00			0.00	
THU								0.00			0.00	
FRI								0.00			0.00	
SAT								0.00			0.00	
Total hours for 3rd week								0.00	0.00	0.00	0.00	
SUN								0.00			0.00	
MON								0.00			0.00	
TUE								0.00			0.00	
WED								0.00			0.00	
THU								0.00			0.00	
FRI								0.00			0.00	
SAT								0.00			0.00	
Total hours for 4th week								0.00	0.00	0.00	0.00	
SUN								0.00			0.00	
MON								0.00			0.00	
TUE								0.00			0.00	
WED								0.00			0.00	
THU								0.00			0.00	
FRI								0.00			0.00	
SAT								0.00			0.00	
Total hours for 5th week								0.00	0.00	0.00	0.00	
Total Hours Worked for Calendar Month								0.00	0.00	0.00	0.00	

FOR BUSINESS OFFICE ONLY	Rate Per Hour	
	Total Paid This Month	

I hereby certify that the above report of time is a correct statement and includes total hours worked each workday for the period covered as indicated at the top of this page.

 (Employee) (Date) **Comp Time Balance Forward 0.00 Hours**

I hereby approve this statement of total hours worked and that time indicated is correct and that the duties were performed in a satisfactory manner.

 (Supervisor) (Date)