



Norwalk Community College

188 Richards Avenue
Norwalk, CT 06854-1655

For HR/PR Use Only

Employee ID: _____

Pay Period Hrs: _____

Payroll Input: _____

**PAYROLL TIMESHEET
STUDENT LABORER**

Last Name, First Name (Print)

Department

Supervisor (Print)

~FIRST WEEK OF PAY PERIOD~

Week Starting (Friday's Date)

	TIME	FRIDAY	SAT	SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
AM	IN							
	OUT							
PM	IN							
	OUT							
TOTAL HOURS								

TOTAL HOURS FOR WEEK _____

~SECOND WEEK OF PAY PERIOD~

Week Ending (Thursday's Date)

	TIME	FRIDAY	SAT	SUN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
AM	IN							
	OUT							
PM	IN							
	OUT							
TOTAL HOURS								

TOTAL HOURS FOR WEEK _____

*I certify that I have worked the above hours, which are not in conflict with my class schedule.

*I certify that this student has worked in a satisfactory manner and has met the hours listed above.

Employee's Signature

Date

Supervisor's Signature

Date

****Timesheets must be received by the Payroll Office no later than the day after the pay period ends (for pay period dates, see reverse side of this form.). ****

