

# ALLAN HANCOCK COLLEGE

## Temporary Hourly Employee Timesheet

Name: \_\_\_\_\_ SSN (last 4 digits only) \_\_\_\_\_

Pay Period: \_\_\_\_\_ Month \_\_\_\_\_ Year: \_\_\_\_\_

Day of Month	Hours	Day of Month	Hours	Day of Month	Hours	Day of Month	Hours
1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24		TOTAL	

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Grant/project Director Signature (as applicable) \_\_\_\_\_ Date \_\_\_\_\_

Description of Work:

Total Hours for Pay Period: \_\_\_\_\_ Rate: \_\_\_\_\_ Amount: \_\_\_\_\_

**Payroll is only authorized to process the timesheet with a pre-authorized FOAP on the Board approved PARNE for the position.**

Budget:					
Fund	ORG	Account	241000	Program	Percent
Fund	ORG	Account		Program	Percent
Fund	ORG	Account		Program	Percent

**TIME SHEETS ARE DUE TO PAYROLL AT THE END OF EACH MONTH.**

**EMPLOYEES ARE NOT AUTHORIZED TO WORK OVER 999 HOURS AND/OR 170 DAYS. REFER TO PARNE FOR ADDITIONAL RESTRICTIONS.**

# Tutor Time-Sheet

EMPLOYEE NAME: \_\_\_\_\_ WORK SITE: \_\_\_\_\_

PAY PERIOD: \_\_\_\_\_, 20\_\_\_\_\_

Date	IN	OUT	LUNCH UNPAID	IN	OUT	TOTAL HOURS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

**Total Hours this pay period:**

\_\_\_\_\_

Principal Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_