

LUNA COMMUNITY COLLEGE

TEMPORARY HOURLY TIME SHEET

2027/4248

NAME: _____
Last First M

SOCIAL SEC or ID #: _____

POSITION: _____

DEPARTMENT: _____

HOURLY RATE: * \$ _____

ACCOUNT NUMBER: _____

MONTH: _____

PAY PERIOD ENDING: * _____

****Department Director/Supervisor shall verify day, date, and total hours worked by employee by initialing and dating on appropriate line**

* Please read instructions carefully on back of form.

Day	Date	Morning		AFTERNOON		EVENING		Total Hours	**Initial & Date	
		IN	OUT	IN	OUT	IN	OUT			
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
							Grand Total Hours			
							Human Resource Office USE ONLY			
							HOURLY RATE:			
							GROSS WAGE:			

I _____ certify that this is a complete and correct report of hours worked per my contract for the pay period shown.

EMPLOYEE'S SIGNATURE: _____

VERIFIED BY: _____
Department Director/Supervisor