EMPLOYEE:						DEPARTMENT:				
DATE	DAY	ARRIVE	LEAVE	A.M. HOURS WORKED	ARRIVE	LEAVE	P.M. HOURS WORKED	TOTAL HOURS	MED/VAC HRS USED	CLARIFICATION
MONTHLY OR HO	OURLY RATE \$				REGULAR HOURS			OVERTIME HOURS		

TOTAL HOURS_

DATE

DATE

DATE

DATE

DATE

DATE

GROSS PAY ____

PAY PERIOD: BEGINNING _

ENDING

MISSISSIPPI DELTA COMMUNITY COLLEGE ALL HOURLY EMPLOYEES DAILY TIME RECORD EFFECTIVE August 5, 2013

SCHOOL D#:_

WORKSTUDY TIMESHEETS DO NOT HAVE TO BE SIGNED BY THE PRESIDENT

ATHLETIC WORKSTUDY TIMESHEETS <u>MUST</u> HAVE THE PRESIDENT'S SIGNATURE.

This certifies that the Employee/Student has worked the above hours

REVISED 10/13/09

EMPLOYEE

SUPERVISOR

VICE-PRESIDENT

PRESIDENT

DIVISION CHAIR (IF APPLICABLE)

DIRECTOR/ASSOCIATE VP