

North Central State College

CollegeNOW Engineering Academy

Employee Name (Please Print): _____

For the Week:					
Beginning: Sunday, _____					
and Ending: Saturday, _____					
Day of Week	Time				Total Hours
	Start	Stop	Start	Stop	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Hours for the Week					
<small>Show time to the nearest quarter hour</small>					
Signed (employee) _____					
Social Security Number _____					

Rate of Pay:
Acct # :
For Accounting Use Only Total Amt. :

Division	Class/Service

Dean/Supervisor: _____ Date

Vice President: _____ Date

PLEASE PRINT ON PINK COLORED PAPER.