North Central State College

Non-Credit/Part-Time Payroll Record

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 Show time to the nearest quarter hour					

Signed (employee)_____

Social Security Number _____

Rate of Pay:

Acct # :

For Accounting Use Only
Total Amt. :

Division		Class/Service

Dean/Supervisor: _____

Date

Vice President: _____

Date

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