

GSCC HOURLY TIME SHEET

Part-time Employees

NAME: _____ DEPT: _____

MONTH(S) /
YEAR: _____

DATE	HOURS WORKED							
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
Total Hrs:								

EMPLOYEE 'S SIGNATURE: _____

DATE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____