

Schenectady County Community College
Please check one

- Federal Work Study (FWS) Program**
 Student Worker
 Tutor

Payroll Timesheet

Name of Employee _____

Department or Office _____

Indicate if you are being paid as FWS _____ Tutor _____ Student Worker _____

ID Number _____ Hourly Rate: \$ _____

	Date	In	Out	In	Out	Total Hours Worked
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
					Total	

Employee Signature

Date

I hereby certify that the hours and days indicated represent time worked by the employee and that his/her work has been performed to my satisfaction.

Supervisor Signature

Print Name

Date