

COLLEGE OF CHARLESTON
 CHARLESTON, S.C. 29424

TIME REPORT

LOCATION

EMPLOYEE NAME

WEEK ENDING

DAY OF WEEK	RECORD OF <u>IN</u> AND <u>OUT</u> TIME					TIME WORKED	OTHER	TOTAL
	IN							
	IN							
	OUT							
	IN							
	OUT							
	IN							
	OUT							
	IN							
	OUT							
	IN							
	OUT							
	IN							
	OUT							
TOTAL FOR WEEK								

EMPLOYEE CERTIFICATION

I certify that the above information is accurate and complete.

 DATE

 EMPLOYEE'S SIGNATURE

This timesheet is to be retained by the employee's department and is not to be turned into payroll.