LENOIR COMMUNITY COLLEGE

TIME RECORD FOR STUDENT EMPLOYEE

INSTRUCTIONS: 1. COMPLETE THIS FORM IN BLACK INK. PRINT OR TYPE.

2. SEND ALL COPIES TO THE FINANCIAL AID OFFICE ON THE FIRST WORKING DAY OF THE FOLLOWING MONTH.

3. 3. IT IS IMPERATIVE THAT ALL TIME RECORDS BE TURNED IN ON TIME.

PART A: TO BE COMPLETED BY STUDENT EMPLOYEE.

Payroll For October (Month) 2021 (Year)

Student's Name (As it appears on Social Security Card):

_____

(First) (Middle) (Last)

Student ID Number: _____

Job Title: _____

WEEK	DATE WEEK ENDED (Saturday)	S	M	T	W	T	F	S	TOTAL HOURS
FIRST	10/2/21								0.00
SECOND	10/9/21								0.00
THIRD	10/16/21								0.00
FOURTH	10/23/21								0.00
FIFTH	10/30/21								0.00
								TOTAL HOURS	0.00
								RATE PER HOUR	9.00

PART B: TO BE COMPLETED BY STUDENT AND STUDENT'S SUPERVISOR.

We hereby certify that this time record is a true statement of the hours worked and that the work assigned has been performed in a satisfactory manner. Also, we hereby certify that the time of the day the work was performed did not conflict with class attendance.

_____ _____

Date **Signature of Student**

_____ _____

Date **Signature of Supervisor**

_____ **Gross Amount $** 0.00

Department

PART C: TO BE COMPLETED BY FINANCIAL AID OFFICE.

Technical Assistant _____ **Work-Study** 02-131-00-516030-35072

Code Change _____

Distribution: Business Office, Financial Aid Office, Supervisor, Division Dean. (10/21)