

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

PART A: TO BE COMPLETED BY STUDENT EMPLOYEE.

Payroll For _____ (Month) _____ (Year)

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

_____ (First) _____ (Middle) _____ (Last)

Student ID Number: _____

Job Title: _____

WEEK	DATE WEEK ENDED (Saturday)								TOTAL HOURS
		S	M	T	W	T	F	S	
FIRST									
SECOND									
THIRD									
FOURTH									
FIFTH									
									TOTAL HOURS
									RATE PER HOUR

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

_____ Department Gross Amount \$ _____

PART C: TO BE COMPLETED BY FINANCIAL AID OFFICE.

Technical Assistant _____ Work-Study _____

Code Change _____