

# 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									
<b>TOTAL HOURS</b>									
<b>RATE PER HOUR</b>									

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 \_\_\_\_\_