



# TIME REPORT

FORMPR99S  
02/01/2000

Dept# \_\_\_\_\_

College Name: Ashland Community & Technical College

Employee Name	Employee ID "*****"	Tgeqtf P wo dgt	Position #	Begin Date	End Date

PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY.

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	31	Total
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
Workstudy																	
America Reads																	
Ready to Work																	
Student																	
Totals																	

Hours	Pay Rate	Amount	Position #	Account Number

I certify that the hours entered above are the hours worked by me in this payperiod.

Employee's Signature: \_\_\_\_\_

I certify that the hours entered above are the hours worked in the payperiod by the above named employee. Supervisor's Signature: \_\_\_\_\_

\*Use the following earnings codes if necessary: OVT – Overtime HOT – 1.5 Overtime