Coordinator

**Dakota College at Bottineau**

**Time Worked Record**

Dates of Pay Period\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_through\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_EmplID\_\_\_\_\_\_\_\_\_\_\_\_Fund Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dept #\_\_\_\_\_\_\_\_Dept Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hourly Rate\_\_\_\_\_\_\_\_

Workstudy: Yes\_\_\_\_\_ No\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ENTER DATES** | **S** | **M** | **T** | **W** | **T** | **F** | **S** | **Weekly Hours** | **Overtime****Hours** |
| **1st week** |  |  |  |  |  |  |  |  |  |
| **2nd week** |  |  |  |  |  |  |  |  |  |
| **3rd week** |  |  |  |  |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

I certify that the above is a true statement of time worked and request that payment be made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor or Coordinator Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Verification Date