

# RCC Employee's Daily and Monthly Time Report for Hourly Paid Employees

(To be completed by Supervisor)

- Maintenance
- (Regular) Tutor
- FWS
- Welfare to Work \_\_\_\_\_%
- Other: \_\_\_\_\_

1. Name \_\_\_\_\_ SSN: \_\_\_\_\_

2. Position: \_\_\_\_\_

Period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Day of Week	Calendar Month and Day	MORNING		AFTERNOON		NIGHT		Total Regular Hours	Total Overtime Hours
		Start	Stop	Start	Stop	Start	Stop		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total for First Week:									

Day of Week	Calendar Month and Day	MORNING		AFTERNOON		NIGHT		Total Regular Hours	Total Overtime Hours
		Start	Stop	Start	Stop	Start	Stop		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total for Second Week:									

Day of Week	Calendar Month and Day	MORNING		AFTERNOON		NIGHT		Total Regular Hours	Total Overtime Hours
		Start	Stop	Start	Stop	Start	Stop		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total for Third Week:									

Day of Week	Calendar Month and Day	MORNING		AFTERNOON		NIGHT		Total Regular Hours	Total Overtime Hours
		Start	Stop	Start	Stop	Start	Stop		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total for Fourth Week:									

Day of Week	Calendar Month and Day	MORNING		AFTERNOON		NIGHT		Total Regular Hours	Total Overtime Hours
		Start	Stop	Start	Stop	Start	Stop		
MON									
TUE									
WED									
THU									
FRI									
SAT									
SUN									
Total for Fifth Week:									

Total Hours Worked for Period Indicated Above:                      

I hereby certify that the above report of time is a correct statement for the period indicated.

\_\_\_\_\_  
(Employee Signature) (Date)

Approved by: \_\_\_\_\_  
(Supervisor Signature)

Distribution of Salary to Accounts (to be completed by Business Office)			
Account Code	Hours	Rate	Gross
Total Distribution			