



STUDENT / WORK STUDY / READY TO WORK PROGRAM TIME REPORT

FORMPR99S
5/1/2014

Employee Name: Jane Doe Employee ID: 0000000000 Record #: 0	College Name: Hazard CTC Department : Position #: 22222222
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Year: 2014	Month: May	Pay Period: <input checked="" type="radio"/> 1st <input type="radio"/> 2nd	Work Week: Sunday - Saturday													
Pay Period: 05/01/2014 - 05/15/2014		<i>PLEASE REMEMBER TO CALCULATE OVERTIME ACCURATELY</i>														
ERNCD	1 Thu	2 Fri	3 Sat	4 Sun	5 Mon	6 Tue	7 Wed	8 Thu	9 Fri	10 Sat	11 Sun	12 Mon	13 Tue	14 Wed	15 Thu	TOTAL
WKS <small>Workstudy</small>																-
RTW <small>Ready to Work</small>	5.00				5.00	7.50	5.00	2.50				5.00	5.00	5.00	5.00	45.00
STU <small>Student</small>																-
																-
																-
TOTAL	5.00	-	-	-	5.00	7.50	5.00	2.50	-	-	-	5.00	5.00	5.00	5.00	45.00

*Use the following earnings codes if necessary (refer to listing for additional codes): HOT - 1.5 Overtime OVT - 1.0 Overtime

Summary Data for Semi-Monthly Pay Period:

Program	Hours	Pay Rate	Amount	Position #	Account Number
WKS	-				
RTW	45.00				
STU	-				

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

Employee's Signature: _____

I certify that the hours entered above are the hours worked in the pay period by the above named employee.

Supervisor's Signature: _____

I certify that the hours entered above are the hours worked in the pay period by the above named employee.

(Title) Signature (If Req.)

I certify that the hours entered above are the hours worked in the pay period by the above named employee.

(Title) Signature (If Req.)