

WEEKLY TIME SHEET EASTERN WYOMING COLLEGE

Report for the Month of _____, 20____

Name of Employee

Type of Work

Weeks Worked

Number of Hours

Total Hours

From-To		Monday			Tuesday			Wednesday			Thursday			Friday			Total
		ABE	ESL	Crctns	ABE	ESL	Crctns	ABE	ESL	Crctns	ABE	ESL	Crctns	ABE	ESL	Crctns	

Rate Per Hour \$ _____ Total Monthly Hours _____ Gross Earnings \$ _____

Employee's Signature

Supervisor's Signature

Detailed Personnel Activity Record

DATE	TIME	ACTIVITY

Comments: Complete details on each teaching activity must accompany the hours submitted.

Detailed Personnel Activity Record for

(Name)

[illegible]

Comments: Complete details on each teaching activity must accompany the hours submitted.