

# LENOIR COMMUNITY COLLEGE

## TIME RECORD FOR STUDENT EMPLOYEE

### INSTRUCTIONS:

1. COMPLETE THIS FORM THEN PRINT AND SIGN. STUDENT AND SUPERVISOR MUST SIGN FORM.
2. BRING THE FORM TO THE FINANCIAL AID OFFICE BY THE FIRST WORKING DAY OF THE FOLLOWING MONTH.
3. TIMESHEETS TURNED IN AFTER THE 5TH OF THE MONTH WILL BE PAID IN THE NEXT PAYROLL.

### PART A: TO BE COMPLETED BY STUDENT EMPLOYEE.

Payroll For \_\_\_\_\_  
(Month) (Year)

Student's Name (As it appears on Social Security Card):

\_\_\_\_\_  
(First) (Middle) (Last)

Student ID Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

WEEK	DATE WEEK ENDED (Saturday)								TOTAL HOURS
		S	M	T	W	T	F	S	
FIRST									
SECOND									
THIRD									
FOURTH									
FIFTH									
TOTAL HOURS									
RATE PER HOUR									

### PART B: TO BE COMPLETED BY STUDENT AND STUDENT'S SUPERVISOR.

We hereby certify that this time record is a true statement of the hours worked and that the work assigned has been performed in a satisfactory manner. Also, we hereby certify that the time of the day the work was performed did not conflict with class attendance.

\_\_\_\_\_  
Date Signature of Student

\_\_\_\_\_  
Date Signature of Supervisor

\_\_\_\_\_  
Department Gross Amount \$ \_\_\_\_\_

### PART C: FORM MUST HAVE FWS CODE OR TA CODE.

Technical Assistant \_\_\_\_\_ Work-Study \_\_\_\_\_

Code Change \_\_\_\_\_