



SOUTHWEST VIRGINIA COMMUNITY COLLEGE

Revised 5/12/22

WORK-STUDY TIME RECORD

Must be printed on green paper.

Name _____ Employee ID 00-_____ EMPLID _____

Department _____ Pay Period _____ to _____

Enter Date, Time In and Time Out, or Appropriate Symbol* for EACH Day.
Fractions of hours are to be entered in tenths of hours (see chart below)

WEEKLY PERIOD				
DAY	DATE	TIME IN	TIME OUT	HOURS
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
TOTAL				

WEEKLY PERIOD				
DAY	DATE	TIME IN	TIME OUT	HOURS
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
TOTAL				

TOTAL HOURS FOR THIS PAY PERIOD

I hereby certify that this timesheet is a true statement of the hours worked by this employee and that the work assigned has been performed in a satisfactory manner.

Signature of Employee

Signature of Supervisor

Date

*SYMBOLS: R = Rest Day 0 = Hours Not Worked

TIME REPORT		TIME REPORT	
1 – 6 minutes	.1	31 – 36 minutes	.6
7 – 12 minutes	.2	37 – 42 minutes	.7
13 – 18 minutes	.3	43 – 48 minutes	.8
19 – 24 minutes	.4	49 – 54 minutes	.9
25 – 30 minutes	.5	55 – 60 minutes	1.0

PAYROLL OFFICE USE ONLY