

**CENTRE COLLEGE
STUDENT EMPLOYMENT TIME CARD**

Name:
ID No.:
Pay Rate: \$6.00/hour
Account No.: 10-2235-7191
Supervisor: Noltemeyer, Patrick

_____ / _____
 (Month) (Year)

WORK HOURS BY DAY							TOTAL HOURS BY WEEK
SUN	MON	TUE	WED	THU	FRI	SAT	
Total Hours This Month:							

TOTAL PAY: \$ _____

Instructions to Supervisor: After completing time record, make a copy for your records. **Please type or print clearly in order to avoid a delay in processing.** Submit original to the **Human Resources Office**, located in Boles Hall, by 4:00 p.m. on **Due Date** listed below. Sign and date below to certify that this report is a true statement of the hours worked by this employee and that the work has been performed satisfactorily. Both signatures are required; no exceptions.

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____