

Richard Bland College
Hourly Wage Time Sheet

Pay Period	
Employee Name	
Employee ID Number	
Department	
Position	

Date of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Hours Worked																
Date of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hours Worked																

Total Hours Worked _____

Rate Per Hour _____

Total Amount Earned _____

Statement:

I certify that the above hours are accurate to the best of my knowledge.

_____ I will be employed the next pay period.

_____ I will not be employed the next pay period.

Employee's Signature

Supervisor's Signature

Financial Aid Director's Signature*

Payroll Office Use Only

Verification	
Dept. Charged	
Object Code	
Group	
CWS 25%* (State)	
CWS 75%* (Federal)	

*if Applicable