

OZARKS TECHNICAL COMMUNITY COLLEGE

Individual Employee Time Report

Starting Date : _____

NEW
 CHANGE

Employee's Name _____
(Last)
(First)
(M.I.)

Employee ID Number : _____ Rate/hr : _____

Budget Number : _____ Position Code : _____

	Week Ending:							Total hours
Week 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	for week
Regular Time								
Overtime								
Week 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	for week
Regular Time								
Overtime								
Week 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	for week
Regular Time								
Overtime								
Week 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	for week
Regular Time								
Overtime								
Week 5	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	for week
Regular Time								
Overtime								

Department : _____

Total hours this pay period	Regular	
	Overtime	

By signing below, I verify that I did work the number of hours listed above.

Signature of Employee Date

Signature of Dean Date

Signature of Supervisor Date

Signature of Vice President Date

1. Send to the Human Resources Office at the end of the last full week in the payroll period.
2. Hrs. entered to the nearest quarter-hour.