

GORDON COLLEGE STAFF TIME SHEET

STAFF ID#: _____

Date: _____

STAFF NAME: _____

Acct #: _____

PLEASE PRINT LEGIBLY

STAFF SIGNATURE: _____

Dept: _____

Month	Day	Work Description	Dept.	From	To	From	To	TOTAL

****SUPERVISORS - PLEASE NOTE:****
Your signature means that you agree that staff hours listed are correct and that the work was performed in a satisfactory manner.

TOTAL HRS WORKED	
Vacation	
Sick	
Personal	
Holiday	
Other	
GRAND TOTAL	

SUPERVISOR SIGNATURE: _____

****Time sheets turned in without Supervisors Signature, Total # of hours, or missing account number, will be returned****