



Rogue Community College

3345 Redwood Highway, Grants Pass, OR 97527

Part-Time Faculty Time Card (print on white paper)

PLEASE COMPLETE A SEPARATE TIME CARD FOR EACH PAY RATE

Print Name: _____

For Period Ending: _____

Department: _____

Supervisor's Name: _____

DATE	IN	OUT	IN	OUT	TOTAL
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
CURRENT MONTH					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Total					

IMPORTANT: THIS BOX MUST BE COMPLETED

Social Security # _____

Pay Rate _____

	Account Numbers	Percentages
Regular	_____	_____ %
Regular	_____	_____ %
Overtime	_____	_____ %

Signatures

We hereby certify that this is a true and correct report of the time worked during the days indicated.

Employee

Supervisor

THIS BOX FOR PAYROLL USE ONLY

PAYDAY IS THE LAST BUSINESS DAY OF THE MONTH