Rogue Community College

3345 Redwood Highway, Grants Pass, OR 97527

Workers' Compensation Time Card

FOR DAYS MISSED AFTER 60

ATTENDANCE KEY

WCL = WORKERS' COMP LEAVE
O = LEAVE REQUEST TO FOLLOW
H = PAID HOLIDAY

Date of Injury: _____

Print Name: _____ For Period Ending: _____

Department: _____ Supervisor's Name: _____

Signatures

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

_____
Employee

_____
Supervisor

IMPORTANT: THIS BOX MUST BE COMPLETED

Social Security # _____

Pay Rate _____

Account Numbers Percentages

Regular _____ _____ %

Regular _____ _____ %

PREVIOUS MONTH									
					HOURS	HOURS			DAY
DATE	IN	OUT	IN	OUT	WORKED	MISSED	CODE	INITIALS	COUNT
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									