

**BELLINGHAM TECHNICAL COLLEGE  
STUDENT AND TEMPORARY HOURLY MONTHLY TIMESHEET**

**Employee:** Fill in Name, SID/EID, Month/Year, & Job Title. Enter Time In/Out, total hours worked plus sick leave hours requested each day. Round to the nearest .25 hour (15 minutes); add remarks. Sign and date. Submit your completed timesheet to your supervisor for approval and signature by the last day of the month. **ALL INFORMATION MUST BE COMPLETED BEFORE PAYROLL CAN PROCESS.**

NAME: \_\_\_\_\_  
 SID/EID: \_\_\_\_\_  
 MONTH/YEAR: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_  
*(One timesheet per job)*

<b>FOR OFFICE USE ONLY</b>
PayCycle: _____

REMARKS: <small>If requesting/using sick leave, provide date, daily schedule; and check reason. (e.g. EXMP: Dr apt. Scheduled 8am-5pm; request 1 he sick lv. 4pm-5pm)</small>	DAY OF MONTH															TOTAL	
	EXMP	1	2	3	4	5	6	7	8	9	10	11	12	13	14		15
TIME IN	8																
TIME OUT	4																
UNPAID HOURS (e.g lunch 12-1); split shift 11am-3pm)	12-1																
<b>TOTAL HOURS WORKED</b>	7																<b>0</b>
<b>PLUS SICK LV HRS REQUESTED*</b>	1																<b>0</b>
PAYROLL USE ONLY:																	
TOTAL WORK HOURS	7																
HR USE ONLY:																	
TOTAL SICK HOURS AVAILABLE*	0.5																
PAYROLL USE ONLY:																	
TOTAL HOURS TO PAY	7.5																

Sick Leave used for: (Check one) <input type="checkbox"/> Self/Family (dentist/dr apts etc) <input type="checkbox"/> Childs school/care center closed for health reason <input type="checkbox"/> Domestic Violence Act <input type="checkbox"/> Other (FMLA, etc) <small>*Sick paid hours subject to leave blance verification &amp; per BTC policy and I-1433; Used in .25 hr (15 min) increment.</small>	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
	TIME IN																
TIME OUT																	
UNPAID HOURS (e.g lunch 12-1); split shift 11am-3pm)																	
<b>TOTAL HOURS WORKED</b>																	<b>0</b>
<b>PLUS SICK LV HRS REQUESTED*</b>																	<b>0</b>
PAYROLL USE ONLY:																	
TOTAL WORK HOURS																	
HR USE ONLY:																	
TOTAL SICK HOURS AVAILABLE*																	
PAYROLL USE ONLY:																	
TOTAL HOURS TO PAY																	

**I certify that this is a true and accurate record of my work attendance and leave taken.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PAYROLL ENTER TOTAL HOURS WORKED FOR THE MONTH: \_\_\_\_\_  
 PAYROLL ENTER TOTAL SICK LEAVE HOURS TO PAY: \_\_\_\_\_  
 PAYROLL ENTER TOTAL HOURS PAID: \_\_\_\_\_

**Supervisor:** Verify timesheet is complete and accurate. Verify work schedule if leave taken. Add any remarks. Sign and date. Deliver to Payroll Office by 12:00pm on the first work day of the following month.

SUPERVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY											
JOB #	ACCOUNT CODE	RATE AMT	EARN TYPE	HOURS	AMOUNT	JOB #	ACCOUNT CODE	RATE AMT	EARN TYPE	HOURS	AMOUNT

**Payroll:** If sick used, note Job#/Earn Type; send to HR. HSL = HRY SSL = STU/SWS/TWG/FWS/WFS/WBL/WFO/IFO ALL FEDERAL & STATE WORK STUDY SICK CHARGED TO 1451610306AP00