

THIS REPORT IS DUE IN THE OFFICE OF HUMAN RESOURCES BEFORE NOON THE 25TH OF EACH MONTH!!!

**MILES COLLEGE
ATTENDANCE FORM**

MONTHLY SUMMARY FOR COLLEGE EMPLOYEES

NAME: _____

Social Security #: _____

Department: _____

Supervisor: _____

Period Beginning _____ 25, 20__

Ending: _____ 24, 20__

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS WORKED	
IN									WEEK 1
OUT									
IN									WEEK 2
OUT									
IN									WEEK 3
OUT									
IN									WEEK 4
OUT									
IN									WEEK 5
OUT									

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE HOURS WORKED AS INDICATED

Employee's Signature

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE STATEMENT OF THE HOURS WORKED AS INDICATED

Date

Supervisor's Signature

NOTE: PLEASE START YOUR TIME SHEET ON THE CORRECT DAY OF THE MONTH. THE PAY PERIOD BEGINS ON THE 25TH OF EACH MONTH AND ENDS ON THE 24TH OF THE FOLLOWING MONTH