



# TECHNICAL COLLEGE OF THE ROCKIES

Where Careers Begin

## CLASSIFIED EMPLOYEE TIMESHEET

Employee: \_\_\_\_\_ Dept: \_\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_

WORK WEEK \_\_\_\_/\_\_\_\_/\_\_\_\_ Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours \_\_\_\_\_ Total Overtime Extra Hours \_\_\_\_\_

WORK WEEK \_\_\_\_/\_\_\_\_/\_\_\_\_ Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours \_\_\_\_\_ Total Overtime Extra Hours \_\_\_\_\_

WORK WEEK \_\_\_\_/\_\_\_\_/\_\_\_\_ Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours \_\_\_\_\_ Total Overtime Extra Hours \_\_\_\_\_

WORK WEEK \_\_\_\_/\_\_\_\_/\_\_\_\_ Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours \_\_\_\_\_ Total Overtime Extra Hours \_\_\_\_\_

WORK WEEK \_\_\_\_/\_\_\_\_/\_\_\_\_ Thru \_\_\_\_/\_\_\_\_/\_\_\_\_

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	TOTAL	Remarks

Total Regular Hours \_\_\_\_\_ Total Overtime Extra Hours \_\_\_\_\_

\*The total policy related to support staff supplement pay plan is available in School Board Policy book, #GD BC

REMARKS COLUMN: Please indicate sick Leave, Personal Leave, Vacation, Holiday.  
 Please indicate the day of your absence, such as Mon., Tues., Etc.  
 PLEASE INDICATE REASON FOR ADDITIONAL HOURS OR OVERTIME HOURS  
PRE-APPROVAL AND SIGNATURE REQUIRED.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\*\*\*Timesheets must be submitted to the Administrative Assistant on the 1st of each month\*\*\*