



COLLEGE OF SOUTHERN NEVADA HANDWRITTEN TIME SHEET

ACCT. NUMBER:

ACCT. DESCRIPTION:

PERIOD ENDING: _____ / _____ / _____

EID#

Employee Name

Rate

Total Hours

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PAY PERIOD

Pos. Num/
Allot. Per.

Remaining
CWSP

From: _____ To: _____

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SHOW LUNCH PERIODS FOR EACH DAY WORKED

Date	From	To	Lunch	Total	Date	From	To	Lunch	Total
22					7				
23					8				
24					9				
25					10				
26					11				
27					12				
28					13				
29					14				
30					15				
31					16				
1					17				
2					18				
3					19				
4					20				
5					21				
6									
Total Hours					Total Hours				

Service Provider Signature

Date

Processor Signature

Date

I certify the above named employee worked the hours shown and that the work was performed in a satisfactory manner.

Coordinator's Signature

Date

Authorizing Signature

Date

Grant Approval

Date

Information Required for the Disability Resource Center

Student Number
Receiving Services

Class Name, Number &
Section

Class Days & Time

JOB TITLE : Select One

- Note Taker
- Testing Proctor/Reader/Scribe
- Text Reader
- Sign Language Interpreter
- Research Assistant
- Lab Assistant
- Office Assistant
- Typing Assistant
- Other: (please specify) _____