

CARIBBEAN NAZARENE COLLEGE

TIME SHEET

Lp 25 Sam Boucaud Road
Cantaro Village
Upper Santa Cruz



Employee Name: _____ **Position:** _____
Employee Identification #: _____ **Employee Type:** Part time Temporary Full Time
Department: _____ **Supervisor:** _____

For the week ending: _____

Date	Start Time	End Time	Regular Hrs.	Overtime Hrs.	Total Hrs.
WEEKLY TOTALS:					

Any Comments: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR Signature: _____ Date: _____

Bursar Signature: _____ Date: _____