

TILLAMOOK BAY COMMUNITY COLLEGE

Name _____

Month _____ Year _____

FOR PAYROLL USE

Day	Hours Worked	HOURS TAKEN							Total	FOR PAYROLL USE		
		Vacation	Sick	Personal	Comp	Holiday	LWP	LWOP		Reg. Hours	Comp Earned 1:1.5	Comp Earned 1:1
1												
2												
3												
4												
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28												
29												
30												
31												
TOTALS												

Notes: _____

I certify that the above hours are correct.

Employee Signature

Date

Supervisor Signature

Date