

Saint Joseph's College Payroll Department Community Service Hours Tracking Timesheet

Please print and bring this payroll form to the community site with you to be signed by a direct site supervisor

SJC Student Name: _____	Community Service Organization Name: _____
SJC Position Job Title: _____	Site Supervisor Name (printed): _____
SJC Department: _____	Site Supervisor Signature: _____
Student Signature: _____	Basic Job Duties at Site: _____ _____

Work Date:					
Hours Worked:					
Travel Time:					
Total Hours (work + travel):					
Work Date:					
Hours Worked:					
Travel Time:					
Total Hours (work + travel):					

*****REPORT ALL TIME IN QUARTER HOUR INCREMENTS*****

SJC Supervisor Signature: _____

15 min = .25

30 min = .50

45 min = .75

Send this completed form to the SJC Payroll Department

