

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

