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: _____

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*****

15 min = .25 30 min = .50 45 min = .75

Saint Joseph's College of Maine