TIME SHEET

Northwest Technology Center
ALVA — FAIRVIEW

Employee LEGAL Name: _____

Last 4 of SSN: _____

Class/Job Title: _____

Contract Hours: _____

Amount to Pay: $ _____

Class Type/Job Code: _____

Dates: _____

Rate of Pay: _____

Date	Start Time	Lunch/Dinner Break (if applicable)	End time	Total Hours Worked
			TOTAL HOURS WORKED:	

Employee Signatures: _____ Date: _____

NWTC Auth. Signature: _____ Date: _____

This document is required to comply with IRS reporting for the Affordable Care Act.
Compensation will be made based on the original employment contract after this form has been completed and returned.