



TIME SHEET

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.