



PAYROLL TIME SHEET

EMPLOYEE NAME	
CAMPUS	
POSITION	
CONTRACT HOURS	

PAYROLL PERIOD	
TOTAL AMT TO PAY	\$0.00

RATE OF PAY: _____ (Circle One)
PER HR / PER DAY

DATE	CODE	PROGRAM / CLASS	START TIME	BREAK	END TIME	TOTAL HRS	PAY
TOTALS						0	\$0.00

EMPLOYEE SIGNATURE: _____

DATE: _____

NWTC 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.

FOR OFFICE USE ONLY - TOTALS BY CODE:							
CODE							
Total Days for SUBSTITUTES							
Total Hours for WED/ACD/Safety							
PAY	\$	\$	\$	\$	\$	\$	\$
WED 433 131 / 231 ACD 441 115 / 215 Safety 448 121 / 221							