Moore College of Art and Design

Part Time Staff Timesheet

Month _____

Employee Name _____

                                        (Print)

Department _____

Week Ending Date	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Total Hours _____

Account Number _____-_____-_____

           (ex: 00-0000-0000)

Monthly Rate: $ _____

Gross Total: $ _____

_____
Employee Signature

_____
Manager Signature

*******Note: Your Department Head must sign all timesheets along with the 10 digit account number.