



JOB # &amp; CODING

PAY PERIOD: MONTH YEAR

HOURLY RATE

**GRAYS HARBOR  
COLLEGE**  
TIME CARD

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

DAYS OF THE MONTH

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

31
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TOTAL HOURS

TOTAL GROSS \$

I certify that this is a true and correct report of my pay entitlement during this period.

I certify that the employee was in paid status as indicated above, and that advance authorization was approved for overtime.

EMPLOYEE SIGNATURE

WORK SUPERVISOR

LOGGED:

PAYROLL ONLY

PAYROLL CERTIFYING OFFICER

**HR/Payroll Copy**

Return top copy to the Human Resource/Payroll Office. Retain bottom copy for your records.



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**Employee Copy**