

CENTRAL TEXAS COLLEGE

Time and Effort Record

Employee Name: _____

Pay period: _____ to _____

SSN: _____ PEID: _____

Campus and Work Location _____

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GL Dept #										Comp. Time Hours	Sick, Vacation, Holiday Hours	Total Hours
Rate \$:												
Position Code:												
Day/Date	Ins. Hrs.	Instr Spt Hrs	Admin. Hrs.	Ins. Hrs.	Instr Spt Hrs	Admin. Hrs.	Ins. Hrs.	Instr Spt Hrs	Admin. Hrs.			
SA												
SU												
M												
T												
W												
Th												
F												
TOTAL												
SA												
SU												
M												
T												
W												
Th												
F												
TOTAL												
SA												
SU												
M												
T												
W												
Th												
F												
TOTAL												
GRAND TOTAL												

The undersigned hereby certify that the time records for the employee are true and accurate to the best of their knowledge.

Signature of Employee

Date

Signature of Supervisor

Date