DMACC
DES MOINES AREA COMMUNITY COLLEGE

EMPLOYEE TIMESHEET

2006 South Ankeny Boulevard, Ankeny, Iowa 50021-3993

Please Print (press firmly)

*Name:*_____ *Social Security Number:*_____

*Division:*_____ *Department:*_____ *Location:*_____

*Dates: From*_____ *To*_____

Report hours worked to the 1/4 hour

Month / Day	Actual Hours Worked						Description of Work Performed (if required)	Total Hours
	From	To	From	To	From	To		
							Grand Total Hours	

Rate of Pay $ _____ Regular Hours Worked _____

Overtime Hours Worked _____

FOAPAL index and Acount Numbers _____ _____%

_____ _____%

I certify the information here to be correct.

_____

Employee Signature *Date*

_____

DMACC Authorized Signature *Date*

Distribution: Original - Payroll, Copies - Timekeeper, Employee

Applies to Work-Study Students Only

I certify the information here to be correct and the work was performed in a satisfactory manner.

_____

Work-Study Supervisor *Date*