

MASSACHUSETTS COLLEGE OF ART AND DESIGN
PER DIEM / TRUST FUND TIME SHEET

This form must be filled out in **blue** pen. Forms filled out in pencil **will not** be processed.
This form should be used by per diem/Trust Fund employees.

SELECT ONE



Student/school year - CCCC5

Student/school break – CCC05

Contractor - CCC09

Name (Please Print)

Department Name

Employee Payroll ID #

(DO NOT ENTER SOCIAL SECURITY # OR BADGE#)

____ - ____ - ____ - 9 - CCC ____
GL Trust Fund Account Number

WEEK ENDING WEDNESDAY 00/00/2020

WEEK ENDING WEDNESDAY 00/00/2020

DATE															
	TH	F	SA	SU	M	T	W		TH	F	SA	SU	M	T	W
IN								IN							
OUT								OUT							
IN								IN							
OUT								OUT							
#of HRS															

WEEKLY TOTAL HRS _____

WEEKLY TOTAL HRS _____

TOTAL HOURS ON SHEET _____

HOURLY WAGE \$ _____

I certify that I worked the hours posted on the above sheet.

EMPLOYEE SIGNATURE _____

DATE _____

Address Change: Yes ___ No ___

If yes, please attach the address change form

ACCEPTANCE OF SERVICE:

I certify that services were rendered during the hours posted above.

SUPERVISOR SIGNATURE _____

DATE _____

DEPARTMENT AUTHORIZATION _____

DATE _____

DO NOT WRITE BELOW THIS LINE - FOR HUMAN RESOURCES USE ONLY:

TOTAL APPROVED HOURS _____

HOURLY WAGE \$ _____

TOTAL \$ _____