

**WISCONSIN INDIANHEAD TECHNICAL COLLEGE
E-TIMESHEET**

Employee #: _____
Employee Name: _____

NEW HEADER ENTRY:

Earnings Code _____
Account Number _____

Acct	Fund	Dept	Class	Project
_____	_____	_____	_____	_____

Class Number _____ Term: _____
Catalog Number _____ - _____ - _____ Section: _____
Work/Contact Hours _____
Rate _____
Office/Prep Multiplier _____
Office/Prep Hours _____
Total Hours _____

To be completed by Supervisor

Earnings Code _____
Account Number _____

Acct	Fund	Dept	Class	Project
_____	_____	_____	_____	_____

Class Number _____ Term: _____
Catalog Number _____ - _____ - _____ Section: _____
Work/Contact Hours _____
Rate _____
Office/Prep Multiplier _____
Office/Prep Hours _____
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Earnings Code _____
Account Number _____

Acct	Fund	Dept	Class	Project
_____	_____	_____	_____	_____

Class Number _____ Term: _____
Catalog Number _____ - _____ - _____ Section: _____
Work/Contact Hours _____
Rate _____
Office/Prep Multiplier _____
Office/Prep Hours _____
Total Hours _____

To be completed by Supervisor

HOURS DETAIL:

DATE	REG HRS	OT HRS	COMMENTS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
TTL HRS			

NOTE: 1/4 hour is 15 min = .25; 1/2 hour is 30 min = .50; 3/4 hour is 45 min = .75

**TRAVEL TIME (I10 - FOR PART-TIME STAFF ONLY) (PER BOARD POLICY G-259.3)
WILL BE REIMBURSED BASED UPON THE FOLLOWING RANGE PER ROUND TRIP:**

No compensation will be given for less than 60 miles driven; 60-99 \$35.00; 100-199 \$45.00;
200-299 \$80.00; 300-399 115.00; etc. (\$35.00 for every additional 100 miles)

Round Trip Miles: _____ **# of Trips:** _____

**I CERTIFY THAT EMPLOYEE HAS WORKED THE ABOVE LISTED HOURS AND THE WORK
HAS BEEN PERFORMED IN A SATISFACTORY MANNER.**

Employee Signature **Print Name** **Date**

Supervisor Signature **Print Name** **Date**