

# COG HOURLY EMPLOYEE

Please complete ALL fields below  
(please type or print clearly)

**Timesheet submission:**

1. Submit to supervisor
2. Upon supervisor approval submit to:

[timesheets@escco.org](mailto:timesheets@escco.org)

(Please do not fax timesheets)

## Work Statement

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Daytime phone: \_\_\_\_\_

DATE**	IN	OUT-LUNCH	IN-LUNCH	OUT	HOURS WORKED

**\*\*Please include all work days.  
If leave is taken, please make note (above) on that date.**

The following items **MUST** be completed:

# Days worked: \_\_\_\_\_  
Total hours: \_\_\_\_\_  
Rate: \_\_\_\_\_  
Amount due: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(signature required)*  
Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_  
*(signature required)*  
ESCCO Approval \_\_\_\_\_ Date \_\_\_\_\_