COG STIPEND EMPLOYEE

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

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** _____