



COG STIPEND 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
(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 _____