



ROCKY
MOUNTAIN
COLLEGE

Staff Time Card

Pay Period: ___ / 21 / ___ to ___ / 20 / ___

Department: _____

Employee Printed Name: _____

Employee ID#: _____

Approved By: _____

Location/Ledger # _____

Date	Regular (?.6025)	Overtime (?.6031)	Vacation (?.6025)	Holiday (?.6025)	Illness (?.6025)	Other (?.6025) (please specify)
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
Subtotals						

Total Hours _____