



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@escoco.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: _____ 0

Rate: _____

Amount due: _____

Employee Signature _____ Date _____

(signature required)

Supervisor Approval _____ Date _____

(signature required)

ESCCO Approval _____ Date _____