




PART TIME EMPLOYEE MONTHLY WORK LOG

Employee Name: _____ **Department Name:** _____
Address: _____ **Month Ending:** _____
City, State, Zip: _____ **Year:** _____
Cell Phone: _____

DATE	Approximate # of Hours	Location	WORK DESCRIPTION DETAILS
16			
17			
18			
19			
20			
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			
			<i>Signature</i>

My signature certifies that the above hours stated are a true and correct accounting of services rendered to the South Central Conference.

1. Timesheets are due by 12 NOON on the 15th of Each Month.
2. Fax or Email this form to the Treasury Department (615-226-9837) or (payroll@scc-sda.org).

CLEAR FORM

Updated 03/2019



MONTHLY WORK LOG INSTRUCTIONS

For Part Time Employees

(Due by 12 Noon on the 15th of Each Month)

INSTRUCTIONS:

- The Monthly Pay period is the 16th of the month to the 15th of the next month.
- Please complete all information at the top of the form.
- Save report to your computer.
- Once the Work Log is saved, email it to payroll@scc-sda.org.
- If you have questions contact the Payroll Department at payroll@scc-sda.org.