

# MONTHLY TIME SHEET

**LBCC-Federal Work Study**

Department \_\_\_\_\_

Month \_\_\_\_\_

8/19/2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Monday	8/19/2024						<input type="checkbox"/>
Tuesday	08/20/2024						<input type="checkbox"/>
Wednesday	8/21/2024						<input type="checkbox"/>
Thursday	8/22/2024						<input type="checkbox"/>
Friday	8/23/2024						<input type="checkbox"/>
Saturday	8/24/2024						<input type="checkbox"/>
Sunday	8/25/2024						<input type="checkbox"/>
Monday	8/26/2024						<input type="checkbox"/>
Tuesday	8/27/2024						<input type="checkbox"/>
Wednesday	8/28/2024						<input type="checkbox"/>
Thursday	8/29/2024						<input type="checkbox"/>
Friday	8/30/2024						<input type="checkbox"/>
Saturday	8/31/2024						<input type="checkbox"/>
Sunday	9/1/2024						<input type="checkbox"/>

<b>Total HRS</b>		
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\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

9/1/2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Monday	Labor Day						<input type="checkbox"/>
Tuesday	9/3/2024						<input type="checkbox"/>
Wednesday	9/4/2024						<input type="checkbox"/>
Thursday	9/5/2024						<input type="checkbox"/>
Friday	9/6/2024						<input type="checkbox"/>
Saturday	9/7/2024						<input type="checkbox"/>
Sunday	9/8/2024						<input type="checkbox"/>
Monday	9/9/2024						<input type="checkbox"/>
Tuesday	9/10/2024						<input type="checkbox"/>
Wednesday	9/11/2024						<input type="checkbox"/>
Thursday	9/12/2024						<input type="checkbox"/>
Friday	9/13/2024						<input type="checkbox"/>
Saturday	9/14/2024						<input type="checkbox"/>
Sunday	9/15/2024						<input type="checkbox"/>
Monday	9/16/2024						<input type="checkbox"/>
Tuesday	9/17/2024						<input type="checkbox"/>
Wednesday	9/18/2024						<input type="checkbox"/>
Thursday	9/19/2024						<input type="checkbox"/>
Friday	9/20/2024						<input type="checkbox"/>
Saturday	9/21/2024						<input type="checkbox"/>
Sunday	9/22/2024						<input type="checkbox"/>
Monday	9/23/2024						<input type="checkbox"/>
Tuesday	9/24/2024						<input type="checkbox"/>
Wednesday	9/25/2024						<input type="checkbox"/>
Thursday	9/26/2024						<input type="checkbox"/>
Wednesday	9/27/2024						<input type="checkbox"/>
Thursday	9/28/2024						<input type="checkbox"/>
Friday	9/29/2024						<input type="checkbox"/>
Saturday	9/30/2024						<input type="checkbox"/>

<b>Total HRS</b>		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# MONTHLY TIME SHEET

## LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

10/1/2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Tuesday	10/1/2024						<input type="checkbox"/>
Wednesday	10/2/2024						<input type="checkbox"/>
Thursday	10/3/2024						<input type="checkbox"/>
Friday	10/4/2024						<input type="checkbox"/>
Saturday	10/5/2024						<input type="checkbox"/>
Sunday	10/6/2024						<input type="checkbox"/>
Monday	10/7/2024						<input type="checkbox"/>
Tuesday	10/8/2024						<input type="checkbox"/>
Wednesday	10/9/2024						<input type="checkbox"/>
Thursday	10/10/2024						<input type="checkbox"/>
Friday	10/11/2024						<input type="checkbox"/>
Saturday	10/12/2024						<input type="checkbox"/>
Sunday	10/13/2024						<input type="checkbox"/>
Monday	10/14/2024						<input type="checkbox"/>
Tuesday	10/15/2024						<input type="checkbox"/>
Wednesday	10/16/2024						<input type="checkbox"/>
Thursday	10/17/2024						<input type="checkbox"/>
Friday	10/18/2024						<input type="checkbox"/>
Saturday	10/19/2024						<input type="checkbox"/>
Sunday	10/20/2024						<input type="checkbox"/>
Monday	10/21/2024						<input type="checkbox"/>
Tuesday	10/22/2024						<input type="checkbox"/>
Wednesday	10/23/2024						<input type="checkbox"/>
Thursday	10/24/2024						<input type="checkbox"/>
Friday	10/25/2024						<input type="checkbox"/>
Saturday	10/26/2024						<input type="checkbox"/>
Sunday	10/27/2024						<input type="checkbox"/>
Monday	10/28/2024						<input type="checkbox"/>
Tuesday	10/29/2024						<input type="checkbox"/>
Wednesday	10/30/2024						<input type="checkbox"/>
Thursday	10/31/2024						<input type="checkbox"/>

<b>Total HRS</b>		
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Employee Signature

\_\_\_\_\_  
Date

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Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

11/1/2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Friday	11/1/2024						<input type="checkbox"/>
Saturday	11/2/2024						<input type="checkbox"/>
Sunday	11/3/2024						<input type="checkbox"/>
Monday	11/4/2024						<input type="checkbox"/>
Tuesday	11/5/2024						<input type="checkbox"/>
Wednesday	11/6/2024						<input type="checkbox"/>
Thursday	11/7/2024						<input type="checkbox"/>
Friday	11/8/2024						<input type="checkbox"/>
Saturday	11/9/2024						<input type="checkbox"/>
Sunday	11/10/2024						<input type="checkbox"/>
Monday	Veterans Day						<input type="checkbox"/>
Tuesday	11/12/2024						<input type="checkbox"/>
Wednesday	11/13/2024						<input type="checkbox"/>
Thursday	11/14/2024						<input type="checkbox"/>
Friday	11/15/2024						<input type="checkbox"/>
Saturday	11/16/2024						<input type="checkbox"/>
Sunday	11/17/2024						<input type="checkbox"/>
Monday	11/18/2024						<input type="checkbox"/>
Tuesday	11/19/2024						<input type="checkbox"/>
Wednesday	11/20/2024						<input type="checkbox"/>
Thursday	11/21/2024						<input type="checkbox"/>
Friday	11/22/2024						<input type="checkbox"/>
Saturday	11/23/2024						<input type="checkbox"/>
Sunday	11/24/2024						<input type="checkbox"/>
Monday	11/25/2024						<input type="checkbox"/>
Tuesday	11/26/2024						<input type="checkbox"/>
Wednesday	11/27/2024						<input type="checkbox"/>
Thursday	11/28/2024						<input type="checkbox"/>
Friday	11/29/2024						<input type="checkbox"/>
Saturday	11/30/2024						<input type="checkbox"/>

<b>Total HRS</b>		
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Employee Signature

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Date

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Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month

12/1/2024

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Sunday	12/1/2024						<input type="checkbox"/>
Monday	12/2/2024						<input type="checkbox"/>
Tuesday	12/3/2024						<input type="checkbox"/>
Wednesday	12/4/2024						<input type="checkbox"/>
Thursday	12/5/2024						<input type="checkbox"/>
Friday	12/6/2024						<input type="checkbox"/>
Saturday	12/7/2024						<input type="checkbox"/>
Sunday	12/8/2024						<input type="checkbox"/>
Monday	12/9/2024						<input type="checkbox"/>
Tuesday	12/10/2024						<input type="checkbox"/>
Wednesday	12/11/2024						<input type="checkbox"/>
Thursday	12/12/2024						<input type="checkbox"/>
Friday	12/13/2024						<input type="checkbox"/>
Saturday	12/14/2024						<input type="checkbox"/>
							<input type="checkbox"/>

Total HRS		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

# MONTHLY TIME SHEET

## LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

1/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Wednesday	1/1/2025	Holiday Break	Holiday Break	Holiday Break	Holiday Break	Holiday Break	<input type="checkbox"/>
Thursday	1/2/2025						<input type="checkbox"/>
Friday	1/3/2025						<input type="checkbox"/>
Saturday	1/4/2025						<input type="checkbox"/>
Sunday	1/5/2025						<input type="checkbox"/>
Monday	1/6/2025						<input type="checkbox"/>
Tuesday	1/7/2025						<input type="checkbox"/>
Wednesday	1/8/2025						<input type="checkbox"/>
Thursday	1/9/2025						<input type="checkbox"/>
Friday	1/10/2025						<input type="checkbox"/>
Saturday	1/11/2025						<input type="checkbox"/>
Sunday	1/12/2025						<input type="checkbox"/>
Monday	1/13/2025						<input type="checkbox"/>
Tuesday	1/14/2025						<input type="checkbox"/>
Wednesday	1/15/2025						<input type="checkbox"/>
Thursday	1/16/2025						<input type="checkbox"/>
Friday	1/17/2025						<input type="checkbox"/>
Saturday	1/18/2025						<input type="checkbox"/>
Sunday	1/19/2025						<input type="checkbox"/>
Monday	King's Day						<input type="checkbox"/>
Tuesday	1/21/2025						<input type="checkbox"/>
Wednesday	1/22/2025						<input type="checkbox"/>
Thursday	1/23/2025						<input type="checkbox"/>
Friday	1/24/2025						<input type="checkbox"/>
Saturday	1/25/2025						<input type="checkbox"/>
Sunday	1/26/2025						<input type="checkbox"/>
Monday	1/27/2025						<input type="checkbox"/>
Tuesday	1/28/2025						<input type="checkbox"/>
Wednesday	1/29/2025						<input type="checkbox"/>
Thursday	1/30/2025						<input type="checkbox"/>
Friday	1/31/2025						<input type="checkbox"/>

<b>Total HRS</b>		
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Employee Signature

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Date

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Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

2/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Saturday	2/1/2025						<input type="checkbox"/>
Sunday	2/2/2025						<input type="checkbox"/>
Monday	2/3/2025						<input type="checkbox"/>
Tuesday	2/4/2025						<input type="checkbox"/>
Wednesday	2/5/2025						<input type="checkbox"/>
Thursday	2/6/2025						<input type="checkbox"/>
Friday	2/7/2025						<input type="checkbox"/>
Saturday	2/8/2025						<input type="checkbox"/>
Sunday	2/9/2025						<input type="checkbox"/>
Monday	2/10/2025						<input type="checkbox"/>
Tuesday	2/11/2025						<input type="checkbox"/>
Wednesday	2/12/2025						<input type="checkbox"/>
Thursday	2/13/2025						<input type="checkbox"/>
Friday	Lincoln's Day						<input type="checkbox"/>
Saturday	2/15/2025						<input type="checkbox"/>
Sunday	2/16/2025						<input type="checkbox"/>
Monday	2/17/2025						<input type="checkbox"/>
Tuesday	2/18/2025						<input type="checkbox"/>
Wednesday	2/19/2025						<input type="checkbox"/>
Thursday	2/20/2025						<input type="checkbox"/>
Friday	2/21/2025						<input type="checkbox"/>
Saturday	2/22/2025						<input type="checkbox"/>
Sunday	2/23/2025						<input type="checkbox"/>
Monday	2/24/2025						<input type="checkbox"/>
Tuesday	2/25/2025						<input type="checkbox"/>
Wednesday	2/26/2025						<input type="checkbox"/>
Thursday	2/27/2025						<input type="checkbox"/>
Friday	2/28/2025						<input type="checkbox"/>
							<input type="checkbox"/>

Total HRS		
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Employee Signature

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Date

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Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

3/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Saturday	3/1/2025						<input type="checkbox"/>
Sunday	3/2/2025						<input type="checkbox"/>
Monday	3/3/2025						<input type="checkbox"/>
Tuesday	3/4/2025						<input type="checkbox"/>
Wednesday	3/5/2025						<input type="checkbox"/>
Thursday	3/6/2025						<input type="checkbox"/>
Friday	3/7/2025						<input type="checkbox"/>
Saturday	3/8/2025						<input type="checkbox"/>
Sunday	3/9/2025						<input type="checkbox"/>
Monday	3/10/2025						<input type="checkbox"/>
Tuesday	3/11/2025						<input type="checkbox"/>
Wednesday	3/12/2025						<input type="checkbox"/>
Thursday	3/13/2025						<input type="checkbox"/>
Friday	3/14/2025						<input type="checkbox"/>
Saturday	3/15/2025						<input type="checkbox"/>
Sunday	3/16/2025						<input type="checkbox"/>
Monday	3/17/2025						<input type="checkbox"/>
Tuesday	3/18/2025						<input type="checkbox"/>
Wednesday	3/19/2025						<input type="checkbox"/>
Thursday	3/20/2025						<input type="checkbox"/>
Friday	3/21/2025						<input type="checkbox"/>
Saturday	3/22/2025						<input type="checkbox"/>
Sunday	3/23/2025						<input type="checkbox"/>
Monday	3/24/2025						<input type="checkbox"/>
Tuesday	3/25/2025						<input type="checkbox"/>
Wednesday	3/26/2025						<input type="checkbox"/>
Thursday	3/27/2025						<input type="checkbox"/>
Friday	3/28/2025						<input type="checkbox"/>
Saturday	3/29/2025						<input type="checkbox"/>
Sunday	3/30/2025						<input type="checkbox"/>
Monday	Caesar Chavez						<input type="checkbox"/>

<b>Total HRS</b>		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month 4/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Tuesday	4/1/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Wednesday	4/2/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Thursday	4/3/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Friday	4/4/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Saturday	4/5/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Sunday	4/6/2025	Spring Break	Spring Break	Spring Break	Spring Break	Spring Break	<input type="checkbox"/>
Monday	4/7/2025						<input type="checkbox"/>
Tuesday	4/8/2025						<input type="checkbox"/>
Wednesday	4/9/2025						<input type="checkbox"/>
Thursday	4/10/2025						<input type="checkbox"/>
Friday	4/11/2025						<input type="checkbox"/>
Saturday	4/12/2025						<input type="checkbox"/>
Sunday	4/13/2025						<input type="checkbox"/>
Monday	4/14/2025						<input type="checkbox"/>
Tuesday	4/15/2025						<input type="checkbox"/>
Wednesday	4/16/2025						<input type="checkbox"/>
Thursday	4/17/2025						<input type="checkbox"/>
Friday	4/18/2025						<input type="checkbox"/>
Saturday	4/19/2025						<input type="checkbox"/>
Sunday	4/20/2025						<input type="checkbox"/>
Monday	4/21/2025						<input type="checkbox"/>
Tuesday	4/22/2025						<input type="checkbox"/>
Wednesday	4/23/2025						<input type="checkbox"/>
Thursday	4/24/2025						<input type="checkbox"/>
Friday	4/25/2025						<input type="checkbox"/>
Saturday	4/26/2025						<input type="checkbox"/>
Sunday	4/27/2025						<input type="checkbox"/>
Monday	4/28/2025						<input type="checkbox"/>
Tuesday	4/29/2025						<input type="checkbox"/>
Wednesday	4/30/2025						<input type="checkbox"/>

<b>Total HRS</b>		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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Supervisor Signature

\_\_\_\_\_  
Date

# MONTHLY TIME SHEET

**LBCC-Federal Work Study**

Department \_\_\_\_\_

Month \_\_\_\_\_

5/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Thursday	5/1/2025						<input type="checkbox"/>
Friday	5/2/2025						<input type="checkbox"/>
Saturday	5/3/2025						<input type="checkbox"/>
Sunday	5/4/2025						<input type="checkbox"/>
Monday	5/5/2025						<input type="checkbox"/>
Tuesday	5/6/2025						<input type="checkbox"/>
Wednesday	5/7/2025						<input type="checkbox"/>
Thursday	5/8/2025						<input type="checkbox"/>
Friday	5/9/2025						<input type="checkbox"/>
Saturday	5/10/2025						<input type="checkbox"/>
Sunday	5/11/2025						<input type="checkbox"/>
Monday	5/12/2025						<input type="checkbox"/>
Tuesday	5/13/2025						<input type="checkbox"/>
Wednesday	5/14/2025						<input type="checkbox"/>
Thursday	5/15/2025						<input type="checkbox"/>
Friday	5/16/2025						<input type="checkbox"/>
Saturday	5/17/2025						<input type="checkbox"/>
Sunday	5/18/2025						<input type="checkbox"/>
Monday	5/19/2025						<input type="checkbox"/>
Tuesday	5/20/2025						<input type="checkbox"/>
Wednesday	5/21/2025						<input type="checkbox"/>
Thursday	5/22/2025						<input type="checkbox"/>
Friday	5/23/2025						<input type="checkbox"/>
Saturday	5/24/2025						<input type="checkbox"/>
Sunday	5/25/2025						<input type="checkbox"/>
Monday	Memorial Day						<input type="checkbox"/>
Tuesday	5/27/2025						<input type="checkbox"/>
Wednesday	5/28/2025						<input type="checkbox"/>
Thursday	5/29/2025						<input type="checkbox"/>
Friday	5/30/2025						<input type="checkbox"/>
Saturday	5/31/2025						<input type="checkbox"/>

<b>Total HRS</b>		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

MONTHLY TIME SHEET

LBCC-Federal Work Study

Department \_\_\_\_\_

Month \_\_\_\_\_

6/1/2025

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours	Out Sick
Sunday	6/1/2025						<input type="checkbox"/>
Monday	6/2/2025						<input type="checkbox"/>
Tuesday	6/3/2025						<input type="checkbox"/>
Wednesday	6/4/2025						<input type="checkbox"/>
Thursday	6/5/2025						<input type="checkbox"/>
Friday	6/6/2025						<input type="checkbox"/>
Saturday	6/7/2025						<input type="checkbox"/>
Sunday	6/8/2025						<input type="checkbox"/>
Monday	6/9/2025						<input type="checkbox"/>
Tuesday	6/10/2025						<input type="checkbox"/>
Wednesday	6/11/2025						<input type="checkbox"/>
Thursday	6/12/2025						<input type="checkbox"/>
Friday	6/13/2025						<input type="checkbox"/>
							<input type="checkbox"/>

Total HRS		
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date