

Boston College Off-Campus Agency Time Sheet

(please use blue ink)

Last Name: _____

First Name: _____

Eagle I.D.: _____

Hourly Rate: _____

Job Class: 920 ____ ____ ____
(The 6-digit number assigned to each specific job according to Student Wage and Classifications Booklet.)

Account No. _____ - 270
(BC assigned 6-digit account number)

Pay Period
Begins Sunday _____ / _____ / _____

Pay Period
Ends Saturday _____

Time of Day	Sun.		Mon.		Tues.		Wed.		Thurs.		Fri.		Sat.		Total Hours
	From:	To:	From:	To:	From:	To:	From:	To:	From:	To:	From:	To:	From:	To:	
No. of Hours															

Time of Day: Record to and from time for hours worked each day. **Lunch hours are not paid.**

No. of Hours: Record numbers of hours and exact minutes worked.

- Two Hours = 2.00
- Two Hours 45 minutes = 2.45
- Two and one-half hours = 2.30
- Two Hours 15 minutes = 2.15

Employee Signature

Date

Authorized Off-Campus Agency Signature

Date

Mail original to: Boston College, Student Services, Lyons Hall, Chestnut Hill, MA 02467
Important: Please keep a copy for your records.
No payment will be made unless all appropriate HRSC forms have been completed by the employee.