

TOTAL # OF HRS WORKED

LANE COMMUNITY COLLEGE LETS PROGRAM TIME SHEET



Date: to				
DATE	TIME IN	TIME OUT	# OF HRS WORKED	STUDENT NAME:
				DEPT NAME:
				SUPERVISOR:
				THIS FORM IS TO BE REMITTED TO THE LETS PROGRAM OFFICE BY THE 15 TH 8 THE END OF THE MONTH. ***YOU WILL STILL NEED TO ENTER YOUR HOURS IN MYLANE.***
				I CERTIFY THAT I HAVE WORKED ALL THE HOURS INDICATED AND THAT THIS TIMESHEET IS CORRECT. Student's Signature
				I CERTIFY THAT THE ABOVE NAMED STUDENT PERFORMED THE WORK REPORTED IN A SATISFACTORY MANNER AND THAT NOT MORE THAN 15 HOURS WERE WORKED DURING ONE WEEK.
				PAY PERIODS ARE 1-15 & 16-END OF THE MONTH. TIME MUST BE ENTERED IN MYLANE BY THE 15 TH & THE LAST DAY OF THE MONTH.