



2018-2019

COG STIPEND

Please complete ALL fields below

Timesheet submission:

1. Submit to supervisor
2. Upon supervisor approval submit to:

timesheets@escco.org

(Please do not fax timesheets)

Work Statement

Employee Name _____
(please print)

Location _____
(as stated on original stipend form)

Position _____
(as stated on original stipend form)

Email _____

Birth date _____

Dates Worked ____ / ____ / ____ to ____ / ____ / ____

Daytime phone _____

This sheet is to be kept current daily by the employee.

DATE**	IN	OUT-LUNCH	IN-LUNCH	OUT	HOURS WORKED

The following items **MUST** be completed:

Stipend approved in the amount of: \$ _____

Days worked: _____
 Total hours: _____
 Rate: _____
 Amount due: _____

Employee Signature _____ Date _____
(signature required)

Supervisor Approval _____ Date _____
(signature required)

ESCCO Approval _____ Date _____