Boston College
Off-Campus Agency Time Sheet

(Please use blue ink)

Last Name: ____________________  First Name: ____________________

Eagle I.D. Number: ____________________  Hourly Rate: ____________________

Job Class: 920  ____________________  Account No. ___________ - 270

Pay Period Begins Sunday ___________  Pay Period Ends Saturday ___________

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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

**Earned Sick Time Used** (available only during our summer employment period)

1. In the above grid, do NOT record Earned Sick Time that was used.
2. Record below the date and time when accrued sick time was used this week, and note that it must be a minimum of 1 hour, and then in quarter-hours. (For example: One hour 15 minutes = 1.15)

   Date; and time (From & To): ___________  Amount of Sick Time used: ___________

   Date; and time (From & To): ___________  Amount of Sick Time used: ___________

Refer to Earned Sick Time information on the main page of our website (bc.edu/studentemployment) for additional information, including Questions and Answers, about this subject.

____________________________  ____________________
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.