

# NOWCC - Enrollee Timesheet

Enrollee Name: \_\_\_\_\_

Office Phone # \_\_\_\_\_

Employee Services ezLaborManage



Home
My Labor
My Attendance
My Benefits
My Information

Pay Date Range:  -

You are here: [Home](#) > Employee Time Sheet

[Printable View](#) [Payroll Summary](#)

Preferences

Select	Date In	Hours	Daily Totals	Earnings Code	Department	
<input type="checkbox"/>	+ Sat	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Sun	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Mon	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Tue	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Wed	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Thu	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Fri	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Sat	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Sun	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Mon	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Tue	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Wed	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Thu	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<input type="checkbox"/>	+ Fri	<input type="text"/>				
<input type="checkbox"/>	+	<input type="text"/>				
<b>Total Hours:</b>		<input type="text"/>				

*By signing this form, I hereby certify that the report information is true and correct to the best of my knowledge and belief for the payroll period indicated. I understand that falsification of information on this time sheet may result in disciplinary action, including removal, and may result in a fine of not more than \$10,000.00 or imprisonment of not more than 5 years or both (18 U.S.C 1001).*

Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_

Monitor/Alternate Signature \_\_\_\_\_ Date \_\_\_\_\_

Monitor/Alternate Print Name \_\_\_\_\_

Please fax the completed timesheet to Payroll Department at 703-243-0706  
 Please mail the original to NOWCC, 3811 N Fairfax Dr. #900, Arlington, VA 22203; Attn: Payroll Department