



CCBC
The Community College
of Baltimore County

UNIT ONE WORKERS COMPENSATION PAYROLL SHEET

Pay Period Ending date: _____

Name: _____ Job Title: _____

SSN: _____ Location: _____

Person Completing this form: _____ Phone: _____
(supervisor)

Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri

Approved: _____ Denied: _____ Compensation: \$ _____

Explanation: _____

Authorized by: _____