



970 Klamath Lane
 Yuba City, CA 95993
 Phone (530) 822-2900
 Fax (530) 671-3422

PAYROLL TIME SHEET - (Instructions on reverse)

EMPLOYEES: Submit time sheet immediately upon completion of assignment to supervisors for signature, no later than the 26th of the month.

Your Name: _____ Phone #: _____ Employee ID#: _____
 (Please Print Full Legal Name)

Position Title: _____ Location/Dept./Program: _____

Indicate employment status and type(s) of hours you are submitting for payment. Reason: _____

SHORT TERM Straight Time Over Time

SUBSTITUTE Substituted for _____ If 1:1 student's last name _____

REGULAR EMPLOYEE - Normal number of hours worked per day _____

Extra Time (above contract hours / days) Over Time Out of Class Pay Other: _____

Record the number of hours worked per day next to the corresponding day. Indicate Month and Year.
 The Payroll period is from the 26th of one month to the 25th the next month. **Record minutes in quarter hour increments only.***

Pay period beginning _____ 26, 20__ (Month) Pay period ending _____ 25, 20__ (Month)

PRIOR MONTH			CURRENT MONTH											
Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*	Date	Hours	Min*
26			01			08			15			22		
27			02			09			16			23		
28			03			10			17			24		
29			04			11			18			25		
30			05			12			19			Total Hours		
31			06			13			20					
			07			14			21			Reg		
												OT		

I hereby certify that the above information is true and correct and that no part thereof has been paid.

Employee's Signature: _____ Date: _____

INCOMPLETE TIME SHEETS WILL STOP THE PAYMENT PROCESS - COPIES OF TIMESHEETS AND FAXES WILL NOT BE ACCEPTED

TOTAL NORMAL HOURS: _____ X NML PAY RATE: _____ = TOTAL: _____

TOTAL OVERTIME HOURS: _____ X OT1 PAY RATE: _____ = TOTAL: _____

TOTAL FLSA OVERTIME HOURS: _____ X FLSA PAY RATE: _____ = TOTAL: _____

GRAND TOTAL: _____

XX FD	XXXX RESC	X YR	XXXX OBJT	XX SO	XXXX GOAL	XXXX FUNC	XXX BRS	XXX SCH	XXXX DD1	XX D2	Hours or %

Individual verifying hours: _____ Date: _____

Supervisor's Approval: _____ Date: _____

(print on pale yellow (canary) paper)