RIVERSIDE COMMUNITY COLLEGE DISTRICT
TIME SHEET

Name _____

Social Security # Last Four Digits Only **XXX-XX-**_____

Department / Site _____

Job Title _____

Budget Code* _____

Budget Code* _____

*If position is split funded, indicate percentages on Budget Code Lines.

Type of Employee (Check only one)

❑ Hourly Classified Employee

❑ Student Employee

Submit a separate time sheet for each type of employee.

_____ to _____ , 20_____

Month/Day Month/Day

PAY PERIOD IS THE 1ST THROUGH THE LAST DAY OF THE MONTH

All changes must be initialed by the employee and supervisor.

Date	Hours	Payroll Use	Campus/ Site
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Date	Hours	Payroll Use	Campus/ Site
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL			

I certify this is a true and accurate record of hours worked for the above referenced position.

_____

Employee's Signature Date

_____

Authorized Approval Signature Date

PAYROLL USE ONLY

Employee #_____

Job Code	Adj Code	Hours	Rate	Total

117040, 6/03

Original: Payroll Yellow Copy: Department Pink Copy: Employee