

RIVERSIDE COMMUNITY COLLEGE DISTRICT

TIME SHEET FOR HOURLY CERTIFICATED EMPLOYEES

DEPARTMENT _____ NAME _____

JOB TITLE _____ SOCIAL SECURITY # _____

BUDGET CODE _____

TIME SHEET MUST BE COMPLETED IN INK

_____ 16th to _____ 15th
Month Month

ALL CHANGES MUST BE INITIALED BY THE EMPLOYEE AND THE SUPERVISOR

DATE	HOURS	BASE RATE	CAMPUS
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

DATE	HOURS	BASE RATE	CAMPUS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
TOTAL HOURS:			

DUE 16TH Paid 8 working days after the 25th

I certify that the hours reported above represent a true and complete accounting of all time served for the referenced position during the noted pay period.

Employee's Signature

Supervisor's Signature

Approval Signature

<u>PAYROLL USE ONLY</u>			
			Employee # _____
JOB CODE	HOURS	RATE	TOTAL