

# SPECIAL PROJECT TIME REPORT

## FOR CLASSIFIED, TEMPORARY HOURLY AND NON-ACADEMIC EMPLOYEES

Employee's Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Full-Time  Part-Time  Campus:  RCC  MV  Norco  District

Name of Special Project: \_\_\_\_\_

Date(s) and Hour(s) worked:  
 (Dates must be within the time frame listed on the Special Project Request. If Lump Sum payment, please only note start and end date.)

Date	No. of Hours	Date	No. of Hours	Date	No. of Hours

**FOR FULL-TIME CLASSIFIED/CONFIDENTIAL EMPLOYEES ONLY:** *(Please verify salary placement with payroll)*

Employee's Current Salary: Range \_\_\_\_\_, Step \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Total # of Hours: \_\_\_\_\_  
*Classified staff to be paid at time and a half of their current classified hourly salary placement.*

Total Amount Not to Exceed \$ \_\_\_\_\_ (if applicable)

Lump Sum amount \$ \_\_\_\_\_ (if applicable)

**FOR TEMPORARY, HOURLY AS NEEDED EMPLOYEES ONLY:** *(Hours worked for special projects are counted towards the maximum allotted of hours that an hourly employee can work for the fiscal year.)*

Rate of Pay \$ \_\_\_\_\_ per hour. Total Amount Not to Exceed \$ \_\_\_\_\_

**FOR CLASSIFIED MANAGERS/SUPERVISORS ONLY:** *(Please verify salary placement with payroll)*

Employee's Current Salary: Range \_\_\_\_\_, Step \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ Total # of Hours: \_\_\_\_\_

Total Amount Not to Exceed \$ \_\_\_\_\_ (if applicable)

Lump Sum amount \$ \_\_\_\_\_ (if applicable)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Requesting Project Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Project supervisor)

**Please submit completed form to Payroll**