FORM # 24

Chaffey College

CLASSIFIED CONTRACT SUPPLEMENTAL TIME SHEET

Legal Name _____
PLEASE PRINT
Last First Initial

Social Security Number _____

School / Unit

Type of Service

☐ CONTRACT OVERTIME
☐ CERTIFICATED SERVICE
☐ OTHER

Budget Number	Hours	Rate

PLEASE CHECK MONTH: 20 _____

☐ JANUARY ☐ APRIL ☐ JULY ☐ OCTOBER
☐ FEBRUARY ☐ MAY ☐ AUGUST ☐ NOVEMBER
☐ MARCH ☐ JUNE ☐ SEPTEMBER ☐ DECEMBER

DATE	IN	OUT	IN	OUT	HRS WORKED	REMARKS:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

TOTAL HOURS WORKED:

CERTIFICATION: We the undersigned certify that all entries are true and correct, and that lunch/dinner breaks are not included as hours worked (You may be held liable for incorrect entries).

TIME SHEETS ARE DUE in the PAYROLL OFFICE by the 10th of the month.

DO NOT USE RED INK.

SIGNATURES: Time sheets which have not been signed by both employee AND supervisor will be returned for signatures.

Employee Signature Date

Supervisor Signature Date