

Chaffey College
CERTIFICATED TIME SHEET
CONTRACT SUPPLEMENTAL

Legal Name _____
PLEASE PRINT
 Last _____ First _____ Initial _____

School/Unit _____

Assignment/Class _____

Substitute For _____
(ABSENCE SHEET MUST BE ATTACHED OR ON FILE IN PERSONNEL)

CLASSIFIED SERVICE
 CREDIT
 NONCREDIT
 BUDGET CLASS

HOURS RATE

SOCIAL SECURITY NUMBER _____

PLEASE CHECK MONTH: 20 _____

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

DATE	IN	OUT	IN	OUT	HRS WORK	CLASS/SUB
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 all lunch/dinner breaks are not included as hours worked (You may be held liable for incorrect entries).

Employee Signature _____

Supervisor Signature _____

TIME SHEETS ARE DUE in PERSONNEL SERVICES on the 5th 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.