

Print NAME (last name first) _____

EMPLOYEE ID NUMBER _____

MONTH/YEAR _____

LOCATION: _____

CCC _____

DIST _____

DVC _____

LMC _____

SERVICE PERFORMED: Substitute (Hourly) for _____
Substitute (Daily) for _____ (last name first)
Special Program Instructor (Hourly)

COURSE INFORMATION: Title/No. _____ Section _____ Days _____ Hours _____

TIME SERVED:

MONTH _____

Position Number _____

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

(Absence Codes: A-Absent without pay, S-Sick, P-Personal necessity leave, H-Paid Holiday, B-Bereavement leave, I-Industrial Accident or Illness)

Employee Signature _____

DATE _____

Signature of SUPERVISOR _____

DATE _____

7117

Contra Costa Community College District

Certified Employee Variable Service Report-Teaching Services