Print NAME (last name first)									PAYROLL TITLE								EMPLOYEE ID NUMBER					
Professional Expert Part-Time Recre							eational E	mploye	е	Absence Code				Positi	on#							
BEGINNING MONTH 20 ENDIN							ING MON	ITH _		20 Department												
		TIME		TIME		TOTAL		DATE	TIME		TIME		TOTAL		DATE	TIME		TIME		TOTAL		
		In	Out	ln	Out	Reg	ОТ		In	Out	ln	Out	Reg	ОТ	27.112	In	Out	In	Out	Reg	ОТ	
HOURS WORKED	21							1							12							
	22							2							13							
	23							3							14							
	24							4							15							
	25							5							16							
	26							6							17							
	27							7							18							
	28							8							19							
	29							9							20							
	30							10								Hourly Rate: TOTAL HOURS						
	31							11							Hourly F				HOURS			
		_	•	-	•		•				-	•		•							•	
EMPLOYEE certifies as true and correct DATE							DATE	SUPERVISOR certifies as true and								t		DAT	E			
734	16 revis	sed 3-20)			Con	Contra Costa Community College District Professional Expert/R								Recrea	tional F	rogra	m Time	Card			