

Print NAME (last name first)

EMPLOYEE ID NUMBER

STATUS Regular or Tenure Track Contract Employee
Temporary Employee

LOCATION: CCC DIST DVC LMC

SERVICE PERFORMED: Counselor (Hourly)
Other Academic Service (Hourly check one) Librarian Other (Indicate) _____
Personnel Related Service (Hourly) – Indicate Service & Rate _____ \$ _____
Special Program (Hourly) – Indicate Service & Rate _____ \$ _____

TIME SERVED:

MONTH/YEAR _____ 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 Certifies as true and correct

Date

Signature of SUPERVISOR Certifies as true and correct

Date