

NAME (last name first)

EMPLOYEE ID NUMBER

STATUS  Regular or Tenure Track Contract Employee  
 Temporary Employee

LOCATION  CCC  DVC  DIST  LMC

SERVICE PERFORMED:

- Counselor (Hourly)
- Other Academic Service (Hourly check one)  Librarian  Other (Indicate) \_\_\_\_\_
- Personnel Related Service (Hourly) - Indicate Service & Rate \_\_\_\_\_ S \_\_\_\_\_
- Special Program (Hourly) - Indicate Service & Rate \_\_\_\_\_ S \_\_\_\_\_

TIMED SERVED: (codes for absences: A-Absent without pay, S-Sick, P-Personal necessity leave, H-Paid Holiday, B-Bereavement leave, I-Industrial Accident or illness)

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

Employee Signature Certifies as true and correct

Date

Signature of SUPERVISOR Certifies as true and correct

Date