

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
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