

Print NAME (last name first)

Professional Expert      Part-time Recreational Employee

PAYROLL TITLE

EMPLOYEE ID NUMBER

BEGINNING MONTH      20

ENDING MONTH      20

Department

Position #

HOURS WORKED	DATE	TIME		TIME		TOTAL		DATE	TIME		TIME		TOTAL		DATE	TIME		TIME		TOTAL	
		In	Out	In	Out	Reg	OT		In	Out	In	Out	Reg	OT		In	Out	In	Out	Reg	OT
	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													

EMPLOYEE certifies as true and correct

DATE

SUPERVISOR certifies as true and correct

DATE

7346 revised 3/10

Contra Costa Community College District

Professional Expert/Recreation Program Time Card