

RIVERSIDE COMMUNITY COLLEGE DISTRICT TIMESHEET

Name: _____

Social Security # _____
 Last Four Digits Only **XXX-XX-**_____

Department / Site: _____

Job Title: _____

Type of Employee (Check only one):

- Hourly Classified Employee
- Student Employee

Submit a separate time sheet for each type of employee.

Budget Code:	
If position is split funded, indicate percentage.	
_____	_____ %
_____	_____ %
_____	_____ %

_____ to _____ , 20_____
 Month/Day Month/Day

PAY PERIOD IS THE 1ST THROUGH THE LAST DAY OF THE MONTH

All changes must be initialed by the employee and supervisor.

Date	Hours	Payroll Use	College/ Site
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Date	Hours	Payroll Use	College/ Site
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
TOTAL			

I certify this is a true and accurate record of hours worked for the above referenced position.

 Employee's Signature Date

 Authorized Approval Signature Date

PAYROLL USE ONLY				
Job Code	Adj Code	Hours	Rate	Total
Employee # _____				