## **RIVERSIDE COMMUNITY COLLEGE DISTRICT TIMESHEET**

Name:							
Social Security #	Last Four Digits Only XXX-XX-						
Department / Site:							
Job Title:							
Budget Code: If position is split funded, indicate percentage.							
		%					
		%					
		%					

## Type of Employee (Check only one):

- Hourly Classified Employee
- □ Student Employee

Submit a separate time sheet for each type of employee.

	to		, 20_	
Month/Day	_	Month/Day		

## PAY PERIOD IS THE 1<sup>st</sup> THROUGH THE LAST DAY OF THE MONTH

All changes must be initialed by the employee and supervisor.

Date	Hours	Payroll Use	College/ Site	Date	Hours	Payroll Use	College/ Site	I certify this is a true and accurate record of hours worked for the above referenced position.				
1				17								
2				18				Emplo	yee's Signatu	ire		Date
3				19								
4				20								
5				21				Authorized Approval Signature Date			Date	
6				22								
7				23				PAYROLL USE ONLY				
8				24				Employee #				
9				25				Job Code	Adj Code	Hours	Rate	Total
10				26								
11				27								
12				28								
13				29								
14				30								·
15				31								
16				TOTAL								