SOLANO COUNTY COMMUNITY COLLEGE DISTRICT CERTIFICATED HOURLY/CLASSIFIED P/T W/EXTRA HOURS EMPLOYEE TIMESHEET

FOR THE MONTH ENDING		10th	NAME				
PLACE OF EMPI	LOYMENT						
ASSIGNMENT			SCC ID#				
IF SPECIALLY F	UNDED PROJECT/PROGRAM, PLEASE IN	DICATE:					
INSTRUCTIO!				e in the payroll department on the employee's and supervisor's sign		onth.	
Please ente	er your time in 00:00 form	at					
DATE	SERVICES RENDERED	HRS MIN	DATE	SERVICES RENDERE	D	TIME HRS MIN	
11			27				
12			28				
13			29				
14			30				
15			31				
16			1				
17			2				
18			3				
19			4				
20			5				
21			6				
22			7				
23			8				
24			9				
25			10				
26				ENTER TOTAL TI	ME WORKED		
	PAYROLL DEPARTMENT USE ONLY						
BUDGET CODE PERCENTAGE ALLOCATION			I certify that, to the best of my knowledge and ability, the above is a true and accurate record of actual time worked for the payroll period indicated.				
			Employee Signature Form 6		Date		
			Supervisor Signature		Date	Date	
				Distribution: Original – Payro	oll Copies: Supe	ervisor & Employee Revised 9/18/2020	