RIVERSIDE COMMUNITY COLLEGE DISTRICT TIMESHEET

Reset Form

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.

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

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

_____	100.00 %
_____	_____ %
_____	_____ %

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	0.00		

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

Employee # _____

Job Code	Adj Code	Hours	Rate	Total