

RSCCD ACADEMIC EMPLOYEE HOURLY TIME CARD

NAME: **I.D.:**

PAY PERIOD DATE: - **ASSIGNMENT*:**

* - Required field. Please select one

RATE: **ACCOUNT #:**

DEPARTMENT:

SUBSTITUTE FOR:

OTHER:

DATE	OPTIONAL		TOTAL HRS WORKED IN DAY	DATE	OPTIONAL		TOTAL HRS WORKED IN DAY	DATE	OPTIONAL		TOTAL HRS WORKED IN DAY	
	TIME IN	TIME OUT			TIME IN	TIME OUT			TIME IN	TIME OUT		
9				20				30				
10				21				31				
11				22				1				
12				23				2				
13				24				3				
14				25				4				
15				26				5				
16				27				6				
17				28				7				
18				29				8				
19												
										TOTAL HOURS WORKED		

Instructions

- Employee's supervisor is responsible for the accuracy and completeness of this report.
- Use a separate card for each different type of assignment worked.
- Select assignment (site director, lab supervisor, LEC, LAB, Non-Instru) from the drop-down menu above.
- Enter hours worked each day.
- Enter total hours and tenths in total box.
- Employee and Supervisor must sign card.
- Payroll period runs from the 9th of one month through the 8th of the following month.

I hereby certify that this report correctly reflects all time worked by me for the period indicated.

EMPLOYEE SIGNATURE

DATE

I hereby certify that the employee named on this form has worked the number of hours shown.

SUPERVISOR SIGNATURE

DATE