RIVERSIDE COMMUNITY COLLEGE DISTRICT TIMESHEET

Name: Social Security # Last Four Digits Only XXX-XX-		Type of Employee (Check only one): Hourly Classified Employee Student Employee	
Job Title:		Submit a separate time sheet for each type of employee.	
If position	Budget Code: on is split funded, indicate percentage. % % % % % % % % % % % % %	Month/Day to, 20	
	DAV DEDIOD IS THE 4ST TH	JONICH THE LAST DAY OF THE MONTH	

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			

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			