PART-TIME HOURLY CERTIFICATED TIME CARD

EMPLOYEE: ___________________________________________ EIN: ____________________

TYPE OF EMPLOYMENT: (PLEASE CHECK APPROPRIATE TYPE)

CalWORKS COUNSELOR: ___________________________________________
EOPS COUNSELOR: ___________________________________________
GENERAL COUNSELOR: _________________________________________
MATRICULATION COUNSELOR: ___________________________________
LIBRARIAN: ____________________________________________
OTHER: ____________________________________________

Please indicate the dates and times worked for each month. This time card is to be submitted to the Hourly Faculty Technician with signatures from the Division Dean NO LATER THAN THE DEADLINE LISTED ON THE PAYROLL TIMELINE. Payments will be made on 10th of the following month. A separate time card is needed for each type of employment.

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<th>TIME WORKED</th>
<th>HOURS</th>
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__________________________
Signature of Instructor

__________________________
Date

APPROVAL SIGNATURE: ___________________________________________

ACCOUNT CODE: ____________________
Required

__________________________
Supervisor

Appropriate Student Services Administrator

PLEASE SUBMIT THIS FORM TO HUMAN RESOURCES, ATTN: VERONICA CHAVES, HOURLY FACULTY TECHNICIAN, FOR PROCESSING

For Human Resources Use Only:

| PAYMENT: |
| POSITION ID: |
| PAYMENT DATE: |

Rev. 10/07/2015