CERTIFICATED TIME SHEET
PART-TIME, EXTRA SERVICE AND SUBSITUTES

Laney College
900 Fallon Street
Oakland, CA 94607

Reporting Period: From : _____ To: _____ 20 _____

ePAF # _____

	Date	Hours Worked	Hours Absent	REAS.
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Weekly Total				
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Weekly Total				
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Weekly Total				

	Date	Hours Worked	Hours Absent	REAS.
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Weekly Total				
MON.				
TUES.				
WED.				
THUR.				
FRI.				
SAT.				
SUN.				
Weekly Total				
Monthly Total				

Employee ID # _____

Last Name Only - PLEASE PRINT IN THE ABOVE SQUARES

First Name _____ Middle Name _____

I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED.

Signature _____
Employee

THIS SPACE IS TO BE COMPLETED BY THE AUTHORIZED AMINISTRATOR

Types of Assignment (check)

- ____ Certificated part-time
- ____ Certificated Substitute
- ____ Certificated Extra Service
- ____ Classified Substitute
- ____ Adult Subsitutes
- ____ Consultants (Peralta employee only)
- ____ Other _____

If paid on hourly/daily basis use this summary

HOURS/ DAYS	RATE	FUND	ACCOUNTING CODES																			District Office Use Only	
			Cost Center			Object				Prog	Activity				Suffix		Spec. Proj.				Line		

Have you submitted another time sheet for this reporting period?

Yes: ____ No: ____

Comment - If Any:

Administrator: _____

Save as .PDF and electronically sign or certify that all information is accurate

College Approval:

Payroll: