CLASSIFIED TIME SHEET
REGULAR AND PART-TIME EMPLOYEES

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

Summary of Absences (hours)

_____ Sick Leave   _____ Other with Pay

_____ Vacation   _____ Other without Pay

	HOURS	RATE	FUND	ACCOUNTING CODES							District Office Use Only	
				Cost Center	Object	Prog	Activity	Suffix	Spec. Proj.	Line		
CLASSIFIED HOURLY											4	R
OVERTIME @1.5											4	T
LOSS OF PAY											4	A
ADDITIONAL CODING												
SWIFT DIFF.												

Have you submitted another time sheet for this reporting period?

Comment - If Any:

Administrator: _____

Yes: ☐   No: ☐

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

College Approval: _____   Payroll: _____