

**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)

<input type="text"/>	Sick Leave	<input type="text"/>	Other with Pay
<input type="text"/>	Vacation	<input type="text"/>	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?

Yes: No:

Comment - If Any:

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

Administrator:

College Approval:

Payroll: