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				
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?

Yes: ☐ No: ☐

Comment - If Any:

Administrator:

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

College Approval:

Payroll: