

**SOLANO COUNTY COMMUNITY COLLEGE DISTRICT
CERTIFICATED HOURLY/CLASSIFIED P/T W/EXTRA HOURS
EMPLOYEE TIMESHEET**

FOR THE MONTH ENDING _____ 10th _____ NAME _____
 PLACE OF EMPLOYMENT _____
 ASSIGNMENT _____ SCC ID# _____
 IF SPECIALLY FUNDED PROJECT/PROGRAM, PLEASE INDICATE: _____

INSTRUCTIONS: This timesheet is for personnel paid on an hourly basis and is due in the payroll department on the 11th of each month. All information requested must be provided, including both the employee's and supervisor's signatures.

Please enter your time in 00:00 format

DATE	SERVICES RENDERED	TIME	
		HRS	MIN
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			

DATE	SERVICES RENDERED	TIME	
		HRS	MIN
27			
28			
29			
30			
31			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
ENTER TOTAL TIME WORKED			

PAYROLL DEPARTMENT USE ONLY

BUDGET CODE	PERCENTAGE ALLOCATION

I certify that, to the best of my knowledge and ability, the above is a true and accurate record of actual time worked for the payroll period indicated.

 Employee Signature Date
 — Form 6

 Supervisor Signature Date

Distribution: Original – Payroll Copies: Supervisor & Employee
 Revised 6/23/2021