

ACADEMIC TIME SHEET

Feather River College

REPORTING PERIOD: Month of _____ in the year 20____

Employees **may not** work **more hours** than authorized by the Human Resources Office. All work performed prior to an **approved start date** will be voluntary.

	DATE	HOURS	SERVICE PERFORMED
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
WEEKLY TOTAL			

	DATE	HOURS	SERVICE PERFORMED
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
WEEKLY TOTAL			

	DATE	HOURS	SERVICE PERFORMED
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
WEEKLY TOTAL			

	DATE	HOURS	SERVICE PERFORMED
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
WEEKLY TOTAL			

	DATE	HOURS	SERVICE PERFORMED
Sun.			
Mon.			
Tues.			
Wed.			
Thurs.			
Fri.			
Sat.			
WEEKLY TOTAL			

MONTHLY TOTAL

TO BE COMPLETED BY EMPLOYEE

Banner I.D. Number _____

Job Title/Dept. _____

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Last Name Only – PLEASE PRINT

First Name

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

Employee Signature _____

TO BE COMPLETED BY SUPERVISOR

I CERTIFY THAT THIS IS A TRUE STATEMENT OF HOURS WORKED AND
THAT THE ASSIGNMENT WAS PERFORMED IN A SATISFACTORY MANNER.

Administrator Signature _____

TO BE COMPLETED BY PAYROLL

Regular Hrs.	@
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Overtime Hrs.	@
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Double Time Hrs.	@
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Gross Pay	
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