

# SHORT-TERM/SUB TIME SHEET

## Feather River College

**REPORTING PERIOD:** Month of \_\_\_\_\_ in the year 20\_\_\_\_

Students **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
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		
WEEKLY TOTAL		

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

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

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

	DATE	HOURS
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.

SUPERVISOR \_\_\_\_\_

COLLEGE APPROVAL \_\_\_\_\_

### 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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### SICK HOURS

DATE	HOURS
Total Sick Hours	