

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. _____

[illegible]

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	