

NON-CREDIT

CUYAMACA COLLEGE

Non-Credit Adult Ed. Hourly Timesheet

COMPLETE ALL ITEMS USING BLACK INK

THIS TIMESHEET MUST BE RETURNED TO THE PAYROLL OFFICE BEFORE 5:00 PM ON THE 10TH OF EACH MONTH.

Name _____

Reason _____

For Use By Payroll Office Only

Position No. _____

Payroll Cycle _____

Pay Period _____ to _____

County ID # (CID) _____

Account No. _____

Date	Day	Number of Hours
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		

Date	Day	Number of Hours
28		
29		
30		
31		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Hours		
Total Amount Due		

AUTHORIZED RATE \$ _____

Signature of Employee

Print Manager's Name / Signature of Manager