

PUBLIC SAFETY TIMESHEET (Yellow)

Certificated Timesheet

From: _____ 21 _____ To: _____ 20 _____
 Mo. Yr Mo. Yr

Due 10:00 a.m. on the 20th of the Month-

Holidays/Weekends/Campus Closure must have supervisor signature

LAST NAME

FIRST NAME

MIDDLE

Employee ID #

Date	Course & Section No	Co-Ord Initials	Hrs Worked	Total Hours	Date	Course & Section No	Co-Ord Initials	Hrs Worked	Total Hours
21					6				
22					7				
23					8				
24					9				
25					10				
26					11				
27					12				
28					13				
29					14				
30					15				
31					16				
1					17				
2					18				
3					19				
4					20				
5					Total Hours				

Check one box:

Admin of Justice:

- Instructor 10-40-75-0000-2105-1335
 Contract 10-40-75-0107-2104-1335

Fire Tech:

- Instructor 10-40-75-0000-2134-1335

EMC:

- Instructor 10-40-75-0000-1207-1335

PAF#

FOR PAYROLL OFFICE USE ONLY

HRS @ =

Employee Signature Date

Director's Signature Date

Actual Hours