PUBLIC SAFETY TIMESHEET (Green)
STNC

From: _____10th_____ _____ To: _____9th_____ _____
   Month   Yr   Month   Yr

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

All Holidays/Campus Closures REQUIRE Supervisor initials

Last Name   _First Name_   _Middle_   _ESCAPE Employee ID_

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

Check one box:

Admin of Justice:
- [ ] Instructional Aide I   **10-40-75-0000-2105-2430**

Fire Tech:
- [ ] Instructional Aide I   **10-40-75-0000-2134-2430**

EMC:
- [ ] Instructional Aide II   **10-40-75-0000-1207-2430**

PAF Number:

FOR PAYROLL OFFICE USE ONLY

HRS @   **=**

Director's Signature   **Date**

Employee Signature   **Date**

HR Use Only-Total Days

Revised 5/15