



# CUSTODIAL TIME REPORT

## FOR TEMPORARY PROMOTIONS

Employee ID # \_\_\_\_\_ Pay Period Ending \_\_\_\_\_  
Required on all timesheets (found on Check/Direct Deposit Advice) (MM/DD/YY)

1936 Carlotta Dr., Wing B  
 Concord, CA 94519  
 (925) 682-8000, ext. 4201

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)  
 (PLEASE PRINT ALL INFORMATION)

**PLEASE SUBMIT TO THE CUSTODIAL OFFICE BY THE END OF PAY PERIOD.**

DATE	TOTAL HOURS	TEMP PROMOTION POSITION	SUBSTITUTED FOR/REASON
21	:		
22	:		
23	:		
24	:		
25	:		
26	:		
27	:		
28	:		
29	:		
30	:		
31	:		
1	:		
2	:		
3	:		
4	:		
5	:		
6	:		
7	:		
8	:		
9	:		
10	:		
11	:		
12	:		
13	:		
14	:		
15	:		
16	:		
17	:		
18	:		
19	:		
20	:		

HOURS WORKED	:
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**THIS TIME REPORT MUST BE IN CUSTODIAL OFFICE BY THE 21<sup>ST</sup> OF THE MONTH TO BE PAID.**

EMPLOYEE'S SIGNATURE	DATE
APPROVED BY PRINCIPAL/SUPERVISOR	DATE
APPROVED BY COORDINATOR	DATE

Hours	Hour Code	Rate of Pay	Expense Code
	3597		<b>01.0000.0000.8200.52600000.500.014.2200/2260</b>
	3693		<b>01.0000.0000.8200.52600000.500.014.2210</b>