



CST

Pay Period Ending _____
(mm/dd/yy)

ACTIVITY SUPERVISION TIME REPORT at \$23.32 / hour.

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

Employee ID # _____ Site _____
Required on all timesheets (found on Check/Direct Deposit Advice)

Name _____ (Last) _____ (First) _____ (Middle Initial)

(PLEASE PRINT ALL INFORMATION)

Payroll period ends on the 20th day of the month. Please submit to Payroll Dept. on the 21st

Date (mm/dd/yy)	From	To	Activity Description	Description	Total Hours
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
			TOTAL:		
			EMPLOYEE'S SIGNATURE	DATE	
			PRINCIPAL'S SIGNATURE	DATE	

**THIS TIME REPORT MUST
BE IN PAYROLL DEPT. BY
THE 21ST OF THE MONTH TO
BE PAID.**

Expenditure Code:

If to be reimbursed by Student Body Funds bill to:

(Name of Site) Student Body Account