



CLASSIFIED TIME REPORT

NOON SUPERVISOR SPLIT SHIFT

Pay Period Ending _____

Month

Year

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

Employee ID # _____ School/Site _____

Name (Last) (First) (Middle Initial) Job Title

PLEASE PRINT ALL INFORMATION**PLEASE SUBMIT TO PROGRAM MANAGER/SITE ADMINITRATOR BY THE END OF THE PAY PERIOD**

DATE	REGULAR SCHEDULED HOURS								NUMBER OF SPLIT SHIFT	COMMENTS	APPROVAL
	SHIFT # 1		SHIFT # 2		SHIFT # 3		SHIFT # 4				
	FROM	TO	FROM	TO	FROM	TO	FROM	TO			
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											

Total Split Shifts: _____

EMPLOYEE'S SIGNATURE

DATE

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

APPROVED BY PRINCIPAL/SUPERVISOR

DATE

Time	Hour Code	Rate of Pay	Expense Code