



# CERTIFICATED

## ACTIVITY SUPERVISION TIME REPORT at \$40.82/HOUR WITH 2 HOUR MIN.

Pay Period Ending \_\_\_\_\_  
(mm/dd/yy)

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 20<sup>th</sup> day of the month. Please submit to Payroll Dept. on the 21<sup>st</sup>**

Date (mm/dd/yy)	From	To	Activity Description	Description	Total Hours
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
	:	:			
			<b>TOTAL:</b>	<b>3640 Certified</b>	
			EMPLOYEE'S SIGNATURE	DATE	
			PRINCIPAL'S SIGNATURE	DATE	

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

Expenditure Code: Site  
01.0000.1110.4000.22200000.\_\_\_\_\_.1160

If to be reimbursed by Student Body Funds bill to:  
  
\_\_\_\_\_  
**(Name of Site) Student Body Account**