



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

# CSEA

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

## ACTIVITY SUPERVISION TIME REPORT at \$37.33/HOUR

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>3611 Classified</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:

\_\_\_\_\_ .2960

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