CUSTODIAL TIME REPORT

FOR TEMPORARY PROMOTIONS

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

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

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	:		

THIS TIME REPORT MUST BE IN CUSTODIAL OFFICE BY THE 21ST 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		01.0000.0000.8200.52600000.500.014.2260
	3691		01.0000.0000.8200.52600000.500.014.2210

FIS: ac 8/26