CERTIFICATED

Pay Period Ending _____
(mm/dd/yy)

ACTIVITY SUPERVISION TIME REPORT
at $43.28/HOUR WITH 2 HOUR MIN.

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:	**3640 Certificated**	

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: Site
01.0000.1110.4000.22200000._____._____.1160

If to be reimbursed by Student Body Funds bill to:

_____
(Name of Site) Student Body Account

FIS: ac 8/26