PREP PERIOD COVERAGE @ $48.09 PER PREP PERIOD

Employee ID #_____ School _____

Required on all timesheets (found on Check/Direct Deposit Advice)

1936 Carlotta Dr., Wing B

Concord, CA 94519
(925) 682-8000, ext. 4201

Pay Period Ending _____

Name (Last) (First) (Middle Initial) Month Year

(PLEASE PRINT ALL INFORMATION)

*for block schedule, use 2 for each prep period

PLEASE SUBMIT TO PAYROLL OFFICE BY THE 21st OF THE MONTH.

DATE (MM/DD/YY)	HOURS FROM	HOURS TO	PREP COVERAGE FOR	HOUR CODE	DESCRIPTION	NUMBER OF PERIODS*	COMPENSATION X $48.09 per Prep
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	**3642**			

THIS TIME REPORT MUST BE IN PAYROLL DEPT. BY THE 21ST OF THE MONTH TO BE PAID.

EMPLOYEE'S SIGNATURE DATE

APPROVED: PRINCIPAL'S SIGNATURE DATE

PROGRAM ADMINISTRATOR'S SIGNATURE DATE

Exp. Code: 01.0000.1110.1000.50530000.500.006.1160

FIS 8/2026