CUESTA COLLEGE

CLASSIFIED

MONTHLY TIME SHEET

Temporary (HR) Positions

Payroll ID: EM **Pay Period: _____**

Name			**Banner ID**		**Position:**	
16	**17**	**18**	**19**	**20**	**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**				
Total Hours: 0		**Earn Code:**	**Event / Account String:**			

Overtime Hours* ☐

*From hourly position alone or due to combined CL position hours. Payroll will subtract from total hours above.

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

Supervisor Name: _____