LAKE TAHOE COMMUNITY COLLEGE

MISCELLANEOUS ACADEMIC TIMESHEET

PERIOD ENDING _____25, 20____

NAME: _____ **EID:** _____

INSTRUCTION OFFICE DATE STAMP

HOURS FOR: _____

INSTRUCTIONS:

- **Pay period runs from *26th of prior month to 25th of current month*.**
- **Submit paperwork to supervisor no later than *the 26th of each month.***
- This timesheet must be completed, signed, and submitted to the Instruction Office.
- Please indicate absences in the yellow Academic Absence Report form **only**.

DATE	CLASS	START TIME	END TIME	TOTAL TIME	DATE	CLASS	START TIME	END TIME	TOTAL TIME
					TOTAL				0

I certify that the above record represents a true and accurate report of my work time for the pay period stated above.

Employee Initial: _____Payroll Packet Complete _____Contract on file in HR

_____ _____
Employee's Signature Date

_____ _____
Reviewed by: Print Name Date

APPROVED: I hereby certify that this record is true and accurate to the best of my knowledge.

_____ _____
Supervisor's Signature Date

PAYROLL OFFICE DATE STAMP

BUDGET CODE: _____

FOR PAYROLL OFFICE USE ONLY

_____X _____ = $ _____ **QSS ☐**

Rate **Total Units (Hours)** **Total Payment**