

Santa Clarita Community College District
Part-Time Classified Employee Monthly Time Record

Name (Last First):
Supervisor:
EID:
Work Week:

Month/Yr:
% of Full Time / Hrs per Wk:
Holiday Hours:

This form must be completed and signed via Adobe Sign by the employee and supervisor with a CC to the appropriate Payroll email address no later than the timesheet deadline noted on the Payroll intranet site. Please indicate hours worked and hours absent. For hours absent, indicate reason by the code shown at right and submit an Online leave request.

VA- Vacation*	JD - Jury Duty
D - Dock	PN –Personal Necessity Leave
H - Holiday	DS –Discretionary
S - Sick	B - Bereavement
CT - Comp Time	
*CSEA ONLY - Vacation Leave includes C.Chavez Holiday	

Day of the Month	Hours Worked	Hours Absent (indicate code above)	Additional Hours Straight Time (X 1.00)	Additional Hours Over Time (X 1.50)	Comp Time Earned	Comments/Overtime Budget Account Number
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total	0	0	0	0	0	

I acknowledge that I have been provided with meal periods and rest periods as delineated in Article 8 of the CSEA contract.

Employee's Signature

Supervisor's Signature

**Please CC Payroll at PPTClassifiedTS@canyons.edu when submitting Timesheet*