Santa Clarita Community College District

Short Term Employee & College Assistant Monthly Time Record

Employee Type: -- **Area:** COC

Employee's Name: **Month:** **Year:**

Department: **EID:**

Day of Month	Total Hours	Worked Hours	Sick Hours	**Overtime	Comment
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	Worked	Sick	Overtime	Days Worked
HOURS WORKED:		0	0		
PAY RATE:					
AMOUNT DUE:					

I hereby certify that I have satisfactorily worked the total hours indicated above and request payment.

I hereby certify this employee has satisfactorily worked the total hours indicated above and approve

Employee's Signature

Authorized Department Signature

Budget Account Number

Dean, Administrator or Funding Coordinator Signature

***Short Term Employees, please CC Payroll at ShortTermEmployeeTS@canyons.edu when submitting Timesheet**

***College Assistants, please CC Payroll at CollegeAssistantTS@canyons.edu when submitting Timesheet**

***Federal Work Study College Assistants please CC StudentEmployment@canyons.edu when submitting Timesheet**

For Payroll Use Only Sick Leave Balance:				
	Balance	*Used*	*Total*	*Date Entered*