

**Academic - Hourly Time Report  
 Santa Clarita Community College District  
 College of the Canyons**

**Instructions:** Use full legal name. DO NOT combine months on one timesheet. Use separate timesheets for each month. \*\* It is VERY IMPORTANT that you indicate at which campus your services were provided.

NAME:  MONTH:  20  HOURLY RATE: \$

EID:  Account #:  Hours:

Account #:  Hours:

**\*\* If compensation comes from more than one account, indicate number of hours from each account.**

DATE	HOURS WORKED	Counselor/Librarian/Ot her	INFORMATION		CLASS CANCELLATION		<input checked="" type="checkbox"/> Valencia Canyon	
			Section #	Absent Instructor	Class Name	Sect. #		
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								
<b>Total</b>		<i>I hereby certify that I have worked the total hours indicated above and request payment.</i>						

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Division Dean Signature

**\*Please CC Payroll at [AcademicHourlyTS@canyons.edu](mailto:AcademicHourlyTS@canyons.edu) when submitting Timesheet**  
 Please make a copy for your records.