



BUTTE-GLENN COMMUNITY COLLEGE DISTRICT

CLASSIFIED HOURLY TIMESHEET

Timesheets must be received by payroll no later than two working days after the 25th of the month.

Colleague ID Number

Beginning Month

Ending Month

Year

Last Name (Legal name as stated on social security card: print legibly in ink or type)

First Name

MI

Table with 3 columns: Day, Hours, Name of Person Subbing for: (If Applicable). Rows 26-31 and 1-5.

Total DAYS Worked: Total HOURS Worked:

The monthly timesheet shall be completed in ink or typed. The employee declares that the above information is true and complete to the best of the employee's knowledge. The supervisor(s) declares that the employee has worked within the authorized hours permitted by District policy and procedures including governing board approval.

Employee Signature Date

THIS SECTION TO BE COMPLETED BY SUPERVISOR

Budget Code: Rate Per Hour

Authorized By: Signature of Supervisor Date

Approved By: Signature of Dean/Director or Designee Date

THIS SECTION TO BE COMPLETED BY PAYROLL DEPARTMENT

Position ID:

Earn Types