PALOMAR COLLEGE
Learning for Success

SHORT-TERM Payroll Time Report

Instructions: PLEASE READ CAREFULLY

1. Print or type the required information in **blue** or **black** ink only.
2. **Submit only one time report per department. Multiple time reports for same department will not be accepted.**
3. Report actual hours worked each day and sick leave hours in the appropriate date space, sick hours are paid for scheduled work hours only.
   - If reporting sick hours, supervisors must confirm sick dates, hours, sick balance and if employee has been employed for ninety days. Failure to do this, may result in sick hours not being posted.
4. Reporting Period begins the 25th of the month, ends the 24th of the following month and pay day is the 10th of each month.
5. For processing this time report, make sure these items are completed.
   - Employee has been hired and account number(s) added.
   - Full and **original signatures** of the authorized supervisor and the employee are required.
   - Sick leave balance has been verified.

Reporting Period from _____**/25/**_____ through _____**/24/**_____

Last Name	First Name	Middle Initial	EMPLID

Position	Department
EME Skills Assistant	Emergency Medical Education

Account Number

Code	Account	Department	Program	Project/Grant	% or HRS
A	241100	334200	12500	0000000%	100%

Hours Worked / Sick Hours

25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11

12	13	14	15	16	17	18	19	20	21	22	23	24	Total Work Hrs.	/ Sick Hrs.

I certify that the above information is true and correct.

William Clark   8153
Supervisor's Name (print)   Extension

_____   _____
Employee's Signature   Date   Supervisor's Signature   Date

Supervisor to complete this section for posting of sick hours:

☐ Check box if reporting sick hours   Current Sick Leave Balance: _____

☐ Check box if employed for minimum of 90 days

PAYROLL USE ONLY

Regular Hours _____ **x Hourly Rate** $_____ = $_____

Sick (SIC) Hours _____ **x Hourly Rate** $ _____ = $_____ _____
     GROSS TOTAL

Days Worked [ ]