Palomar Community College District. 1140 West Mission Road, San Marcos, CA 92069-1487

Payroll Time Report Hourly Academic Employees

DEPARTMENT NAME:

Last Name	First	Initial	EMPLID

Reporting Period from _____ **/01/** _____ through _____ **/31/** _____
                Month Day Year   Month   Day Year

Instructions:

1. Print or type the required information.
2. Reporting period is from the 1st of the month through the 31st of the following month.
3. Payroll time report is due in Payroll Services on the 1st of each month.
4. Please sign each time report on the line provided.
5. Report the actual number of hours worked and sick leave hours in the appropriate space.
6. Also list sick leave absences separately in the space provided below.
7. Employees must report change of address to the Human Resource Services Office.

Sick Leave Absences:

Date/s _____ Hours _____

ACCOUNT NUMBER

Code	Account	Department	Program	Project/Grant	%

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 Hours

I certify that the above information is true and correct.

_____   _____
     Instructor's Signature   Director's Signature

For Payroll Office Use Only

Total Number Hours _____

Rate per hour _____

Gross Pay $_____

Payroll Date _____