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

Payroll Time Report Hourly Academic Employees

DEPARTMENT NAME: _____

Last Name	First Name	Initial	EMPLID

Reporting Period from _____ through _____

Instructions:

1. Print or type the required information.
2. Reporting period is **from the 1st of the month through the end of the 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	%

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total

Total hours worked related to COVID-19: _____

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 _____