

Yuba Community College District-Payroll Department

Certificated

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| | |
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Print: Last First

10th EOM

Colleague ID Number

Month/Year

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| Number of Hours Worked | | | | | | | | | | | | | | | |

| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | |

Employee's Signature

Date

Department/Job Title

This section to be completed by Supervisor, Division Dean or Budget Manager

| Earn Type | GL# | Position ID | Hours Worked | Pay Rate | Total (Hours X Pay Rate) |
|-----------|-----|-------------|--------------|----------|--------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Authorized Signature

Date

Total _____