



**San Francisco Community College District
INSTRUCTIONALLY RELATED TIME REPORT
(NON INSTRUCTIONAL)**

NAME: _____ SSN: _____ DEPARTMENT/ CAMPUS _____
Last First M.I.

PAY PERIOD # _____ From _____ To _____

Time Reports not received at 33 Gough on or before the last Thursday of the pay period will not be paid until the following pay period.

DAY OF THE WEEK	DATE OF SERVICE	TIME	NO. OF HOURS	TYPE OF SERVICE	CAMPUS/ DEPARTMENT
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.			
*TOTAL HRS					

IMPORTANT: For payment to be made, the following FOAPAL section **MUST** be completed.

NO. OF HOURS	FOAPAL				
	Fund	Organization	Account	Program	Activity
			1422		
			1422		
			1422		
			1422		
	*TOTAL HRS.				

*Note -- Total Hrs for accounting purposes must equal Total Hours indicated for payroll purposes.

I hereby certify that I have performed the Instructionally Related Assignment indicated above.

Signed: _____
 (Employee)

Date Filed: _____ Phone: _____

Approved by: _____
 (Dean/Dept. Head/Program Supervisor)

Date: ____/____/____ Phone: _____