



San Francisco Community College District
TIME REPORT FORM (Circle One)
 (Certificated Full-time; Hourly Faculty/Counselors/Extra Pay;
 Classified Full/Part-Time; Instructionally Related; Substitute)

Name: _____ SSN: _____ Department/ _____
 Last First MI Campus

SUBSTITUTE: (Composition, Credit, Credit Lect/Lab, Credit Lab, Non-Credit, Instructionally Related, Counselor, Librarian) Circle One

CLASSIFICATION: _____ 1322 _____ Non Credit Faculty _____ *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.*
 No. Title

PAY PERIOD # _____ From _____ To _____

(IF FOR SUBSTITUTE INDICATE NAME OF REGULAR INSTRUCTOR AND COURSE/SUBJECT)

DAY OF THE WEEK	DAY WORKED	TIME	NO. OF HOURS	NOTES:
SAT.				
SUN.				
MON.				
TUES.				
WED.				
THURS.				
FRI.				
SAT.				
SUN.				
MON.				
TUES.				
WED.				
THUR.				
FRI.				

*TOTAL HRS

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

NO. OF HOURS	FOPAL					
	Fund	Organization	Account	Program	Activity	Signed/Approval
	125501	9220	1322	6820	N	
	*TOTAL HOURS					

I hereby certify that I have performed the substitute work indicated above.

Signed: _____ Date Filed: _____ Phone: _____

Approved by: _____ Date: _____ Phone: _____