



SAN FRANCISCO COMMUNITY COLLEGE DISTRICT
TIME REPORT FORM
 (Certificated Full-Time; Hourly Faculty/Counselors/Extra Pay;
 Classified Full/Part-time; Instructionally Related; Substitute)

SFCCD – RS-dbo
 08/13/03

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

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

CLASSIFICATION: _____ Title _____ 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.

PAY PERIOD # _____ From _____ To _____

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

Day of the Week	Date Worked	Time	No. of Hours.	Notes
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 HOURS				

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

NO. of Hours			FOAPAL	Program	Activity	Signed/Approval
	Fund	Organization	Account			

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

Signed: _____ Date Filed: _____ Phone: _____
 (Employee)

Approved by: _____ Date: ____/____/____ Phone: _____
 (Dean/Dept. Head/Program Supervisor/Designee)