



**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.		
<b>** TOTAL HOURS</b>				

**"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)