(A) Reporting Period _ 20___
Month

(B) Date and Hours Worked:

	Date	Hours
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		0
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		0
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		0

	Date	Hours
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		0
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		0
Sat.		
Sun.		
Weekly Total		0
Month Total		0
TSA # DAYS WORKED		

(C)

Distribution:
White - Payroll
Canary - Administrative Officer
Goldenrod - Originating Office
Pink - Employee

Instructions for completing time sheet are on back.

Reporting period is the 25th of the month to the 24th of the following month. Do not include hours that have not already been worked.

LOS RIOS COMMUNITY COLLEGE DISTRICT

CLASSIFIED EMPLOYEES
DIFFERENTIAL & OVERTIME TIMESHEET

(D) Work Location:

ARC	☐	DO	☐
CRC	☐	FM	☐
FLC	☐	SRPSTC	☐
SCC	☐	ETW	☐

(E)

Employee I.D. Number

Save Clear

(F)

Last Name -- PLEASE PRINT

First Name Middle Initial

(G) This space to be completed by the supervisor.

	ACCT	FD	ORG	PROG	PROJECT/ GRANT	TIME		PAY RATE	
Overtime (1) Straight Time								STD	xxx
Overtime 1-1/2 Time								STD	xxx
Overtime Double, Time								STD	xxx
Extra Hours									
Differential									
TSA									

(1) *Supervisors only*

(H) I certify that this is a true statement of hours worked.

Employee _____ Date _____

Supervisor _____ Date _____

Admin. Officer _____ Date _____
Signature

Admin. Officer _____
Print Name

BS Form #139
Revised 2/2016