

# SANTA BARBARA COMMUNITY COLLEGE DISTRICT

## CLASSIFIED PAYROLL TIME REPORT

(Please Print Clearly)

Name \_\_\_\_\_ Department \_\_\_\_\_

SBCC ID# K00 Pay Date \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

|        |                | BEGINNING<br>WEEK DATE<br>(MONDAY) | MON | TUE | WED | THU | FRI | SAT | SUN | WEEKLY HOURS<br>TOTAL |
|--------|----------------|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----------------------|
| Week 1 | Regular hours  |                                    |     |     |     |     |     |     |     |                       |
|        | Overtime hours |                                    |     |     |     |     |     |     |     |                       |
| Week 2 | Regular hours  |                                    |     |     |     |     |     |     |     |                       |
|        | Overtime hours |                                    |     |     |     |     |     |     |     |                       |
| Week 3 | Regular hours  |                                    |     |     |     |     |     |     |     |                       |
|        | Overtime hours |                                    |     |     |     |     |     |     |     |                       |
| Week 4 | Regular hours  |                                    |     |     |     |     |     |     |     |                       |
|        | Overtime hours |                                    |     |     |     |     |     |     |     |                       |
| Week 5 | Regular hours  |                                    |     |     |     |     |     |     |     |                       |
|        | Overtime hours |                                    |     |     |     |     |     |     |     |                       |

I understand that as a short-term hourly employee I may not work more than 175 days in a fiscal year.  
I certify that I have not exceeded this limitation during this fiscal year (July 1 - June 30).

Employee's Signature \_\_\_\_\_ DATE \_\_\_\_\_

I have verified that there are funds available to cover this labor in the following account(s):

For regular time \_\_\_\_\_

For regular time \_\_\_\_\_

For overtime \_\_\_\_\_

ACCOUNT NUMBERS

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Total Regular Hours

Total Overtime Hours

Total Days Worked

| PAYROLL DEPT. USE |       |           |
|-------------------|-------|-----------|
| \$                | x     | \$        |
| \$                | x     | \$        |
| \$                | x     | \$        |
| PAY RATE          | HOURS | \$        |
|                   |       | GROSS PAY |

A shift differential is allowed for all classifications regularly assigned to a swing shift, a graveyard shift, and a split shift. For additional information, refer to the Contract Agreement, Article 6 (6.3.7) or contact the Personnel or Payroll office.

### INSTRUCTIONS:

- Employee:
  - Be sure to clear any overtime work with your supervisor **before** time is worked.
  - Fill out the top section of the form completely.
  - Enter the regular and overtime hours worked each day, total for the week, and pay period totals.
- Supervisor:
  - Assign account number(s) after verifying availability of funds.
  - Sign the sheet and send to Payroll.
  - NOTE** Short-term "hourly" employees may not work more than 19½ hours per week and 175 days in a fiscal year.

**EMPLOYEE & SUPERVISOR: 1000 HRS WORKED IN A FISCAL YEAR QUALIFIES AN EMPLOYEE TO BE A MEMBER OF THE PUBLIC EMPLOYEES RETIREMENT SYSTEM (CALPERS). CONTRIBUTIONS OF APPROXIMATELY 7% WILL BE DEDUCTED FOR CALPERS.**

**IMPORTANT: TIME SHEETS WHICH ARE NOT FILLED OUT COMPLETELY, DATED, SIGNED OR RECEIVED ON TIME WILL**