

**BARSTOW COMMUNITY COLLEGE DISTRICT CLASSIFIED
HOURLY EMPLOYEE TIME REPORT**

Please start by filling in the Begin Date

CLHRLY

Name: _____

Pay Cycle Date: _____

Last Social Security# (Required)

Begin:

End:

XXX

XX

of Hours per Day: _____

NTE Hours per Week: _____

Desc. Of Work: _____

Employee Temp/Sub for: _____

Week 1	DAY	Log in	Lunch Starts	Lunch Ends	Log Out	Hrs worked
TOTAL						

Week 4	DAY	Log in	Lunch Starts	Lunch Ends	Log Out	Hrs worked
TOTAL						

Week 2	DAY	Log in	Lunch Starts	Lunch Ends	Log Out	Hrs worked
TOTAL						

Week 5	DAY	Log in	Lunch Starts	Lunch Ends	Log Out	Hrs worked
TOTAL						

Week 3	DAY	Log in	Lunch Starts	Lunch Ends	Log Out	Hrs worked
TOTAL						

	Hrs worked	Total Pay
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Hourly Rate		
TOTAL HRS/EARNED		

***I HEREBY CERTIFY THAT I have worked for the
Barstow Community College District on the
days and hours as stated above***

EMPLOYEE SIGNATURE

APPROVED