

**Chabot – Las Positas Community College District**

CHABOT COLLEGE

LAS POSITAS COLLEGE

**Part-time Counselor or Librarian Service Report**

**NAME**  
 \_\_\_\_\_  
 Last First Middle

**W #**  
 \_\_\_\_\_  
 Do not use SSN

**POSITION** \_\_\_\_\_ **DIVISION** \_\_\_\_\_

**PERIOD OF**  
 \_\_\_\_\_ 16 - \_\_\_\_\_ 15, 20 \_\_\_\_\_

**SCHEDULED MEETING**  A.M.  P.M.  
 \_\_\_\_\_  
 [Day(s) \* Time (e.g., MW 7-9:50)]

This service report constitutes a statement of services rendered for the period shown and a claim for salary payment. I hereby certify all entries to be correct.

\_\_\_\_\_  
 Faculty Signature Date

**BUDGET ACCOUNT NUMBER**  
 \_\_\_\_\_  
 Fund Organization Account Program

**Due on the 15<sup>th</sup> of each month**

- INSTRUCTIONS:**
- After completion, submit to the appropriate administrator by way of Campus Mail. **Failure to submit this report to Payroll by the 15<sup>th</sup> of the month** will result in payment being delayed until the following month.
  - The Service Report must be complete as to all information requested and **signed by the originator**. Incomplete Service Reports will be returned to the originator and payment of earned salary may be delayed one month.

*I hereby certify that the above-named employee has fulfilled all the requirements of his / her assignment for the dates indicated.*

\_\_\_\_\_  
 Appropriate Administrator's Signature Date

**\*\*\*Enter absent code from reverse side\*\*\***

Date	Day of Week	Time on Duty	# Hours Worked	If Absent, Give Reason*
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
<b>Total Hours</b>				

## Reason for Absence

A	Administrative
B	Bereavement
C	Conference
E	Personal Necessity
H	Holiday
M	Military Leave
N	Maternity
S	Personal Illness or Injury
SC	On-the-Job Injury
U	Unauthorized Leave Without Pay
W	Leave Without Pay