

**Chabot – Las Positas Community College District**

**PLEASE PRINT**

CHABOT COLLEGE

LAS POSITAS COLLEGE

**PLEASE PRINT**

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

**NAME**

*Last*

*First*

*Middle*

**SOCIAL SECURITY OR W NUMBER**

**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:**

1. After completion, submit to the appropriate administrator by way of Campus Mail. **Failure to submit this report on the 15<sup>th</sup> of the month** will result in payment being delayed until the following month.
2. 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				

**Total Hours**

## 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