



**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**  
**Office of Human Resources**  
**Service Report: Academic Non-Instruction/Special Assignments**



(Please Print)

Chabot College

SS or W #: \_\_\_\_\_

Las Positas College

Date: \_\_\_/\_\_\_/\_\_\_

Employee Name: \_\_\_\_\_

Office/Division: \_\_\_\_\_

Office hours: \_\_\_\_\_

Instructor evaluation: \_\_\_\_\_

Workshop: \_\_\_\_\_  
(Board approval required, state subject area)

Other: (specify) \_\_\_\_\_  
(Board approval required,

Indicate date and hours worked: (each day worked must be on a separate line)

| Date (mm/dd/yy) | Hours |
|-----------------|-------|
|                 |       |
|                 |       |
|                 |       |
|                 |       |
|                 |       |

| Date (mm/dd/yy) | Hours |
|-----------------|-------|
|                 |       |
|                 |       |
|                 |       |
|                 |       |
|                 |       |

| Date (mm/dd/yy) | Hours |
|-----------------|-------|
|                 |       |
|                 |       |
|                 |       |
|                 |       |
|                 |       |

Flat rate: \$ \_\_\_\_\_

Total hours: \_\_\_\_\_

Labor distribution #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**FOR OFFICE USE**

Board approved hourly rate: \$ \_\_\_\_\_

Flat rate: \$ \_\_\_\_\_

Board recommendation number: \_\_\_\_\_

Board meeting date: \_\_\_/\_\_\_/\_\_\_

Approved:       Yes       No

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Administrator's signature)

Submit originals to: CLPCCD Payroll Office, 7600 Dublin Boulevard, 3<sup>rd</sup> Floor, Dublin CA 94568  
*Reference: Article 21G.2- Faculty Collective Bargaining Agreement*