



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



(Please Print) **Do not use SSN**

- Chabot College
 Las Positas

Date: ___/___/___

W #: _____

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, 3rd Floor, Dublin CA 94568
Reference: Article 21G.2- Faculty Collective Bargaining Agreement