



CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Service Report: Part-Time Faculty

Do not use SSN

CLPCCD ID W#: _____

Name: _____

Class/Subject: _____ Lab Load Factor: _____ Number: _____ Section: _____

Period of: _____ 16 through _____ 15, 20 _____ Scheduled Meeting: _____
Month Month Year [Day(s) and time e.g., MW 7-9:50pm]

Instructions:

- Part-Time Adjunct Faculty, please note the following:
 - Please print Service Report on White Paper
 - Do not use any other Adjunct Service Reports.
- Submit one service report per class (course) taught.
- After completion, **sign and submit** to your assigned Administrator **by the 15th of each month except those months that have holidays and short days. Refer to your Administrator for these special holidays (e.g., November, December, February).** Lateness will result in payment being delayed until next pay period.
- Incomplete service reports will be returned to the originator and payment will be delayed until next pay period.

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.

Part-Time (Adjunct) Signature _____

Date _____

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

Print Name: _____

Administrator Signature _____

Date _____

Date	Lecture Hours	Lab Hours	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:

Fund				Organization				Account				Program			

CAH

Processed by: _____