



# 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 15<sup>th</sup> 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: \_\_\_\_\_