

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
CLASSIFIED EMPLOYEES MONTHLY TIME AND SERVICE REPORT

EMPLOYEE NAME _____ W# _____ Mo/Yr _____ to Mo/Yr _____
 (Please Print) Last Name, First Name **Do not use SSN**

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

List any hours of absence for each working day:

Date	Hours Absent	Absent Code	Date	Hours Absent	Absence Code
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					

ABSENCE CODE

Indicate in column marked "Absence Code" the correct letter.

- S** Illness or Injury
- SC** On-the-job injury
- E** Personal Necessity Leave
- B** Bereavement Leave
- C** Required Jury Duty/Court Appearance
- M** Military Leave
- A** Authorized Board Absence
- V** Vacation
- H** Holiday
- FH** Floating Holiday
- W** Leave Without Pay
- U** Unauthorized Leave Without Pay
- R** Release Time
- F** Furlough Days
Must be taken in 4 or 8 hour increments
- CTT** Comp Time Taken

PLEASE CHECK SERVICE ASSIGNMENT:

Chabot Las Positas DISTRICT: Hayward Livermore Dublin Pleasanton

PLEASE CHECK APPLICABLE SCHEDULE:

- 5/8 - 5 Days/8 Hrs
- 4/10 - 4 Days/10 Hrs
- 9/80 - 8 Days/9 Hrs plus 1 Day/8 Hrs
- Other - _____

I certify this to be a true and accurate record of hours worked.

Employee signature _____ Date _____

Manager/Supervisor signature _____ Date _____

Comment(s): _____