

Yuba Community College District-Payroll Department

Student

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Print: Last First

10th EOM

Colleague ID Number

Month/Year

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of Hours Worked															

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Employee's Signature

Date

**Department/Job Title

This section to be completed & calculated by Payroll Department.

Earn Type	**GL#	Position ID	Hours Worked	Pay Rate	Total (Hours X Pay Rate)

Total \$ _____

**Authorized Signature

Date

****These sections to be completed by Supervisor, Division Dean or Budget Manager:**

GL#, Authorized Signature, Department/Job Title, & Circle if applicable: Lec Rate / Lab Rate