CUESTA COLLEGE

Sick Leave Reporting

Hourly / Student

MONTHLY TIME SHEET

Payroll ID: MD   **Pay Period:** _____

Name			Banner ID		Position:	
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Total Hours:		Earn Code: HSC	Event / Account String:			

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated.

Employee Signature: _____ **Date** _____

Supervisor Signature: _____ **Date** _____

Supervisor Name: _____