## INSTRUCTIONS for completing time sheet

are on the back.

### Distribution:

- **White:** Payroll (Substitute Employees Only)
- **Canary:** Administrative Officer
- **Pink:** Originating Office
- **Goldenrod:** Employee

### Blocks

#### B Hours Worked

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Hours</th>
<th>Sub Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C Type of Time Sheet

- Counselor/Coordinator
- Substitute
- Librarian
- ESA (No ________)
- Other

#### D Work Location

- ARC
- CRC
- SRPSTC
- SCC
- FLG
- ETW

#### E Type

- Adjunct
- Overload

#### F Semester

- Fall
- Spring
- Summer

#### G Employee I.D. Number

#### H This space to be completed by the supervisor

#### I I certify that this is a true statement of hours worked.

#### J Total Hours

#### K FOR DISTRICT OFFICE USE ONLY

#### L RETIREMENT CODES

- MEMBER
- ACCOUNT
- CONTRIBUTION
- FICA CODE

#### M By _____________________________ Signature _____________________________

Form BS #71 Rev. 9/06