

PALO VERDE COLLEGE

TIME REPORT FOR EXTRA DAYS SERVICE FULL TIME FACULTY ONLY

Note: In order for full-time faculty to receive remuneration for any service beyond the regular academic contract, this form must be approved by the Superintendent/President.

FACULTY MEMBER: _____

Assignment: _____

Reporting period: _____
Month Year

INDICATE NUMBER OF **HOURS** OF SERVICE IN EACH BLOCK **OVER** CONTRACTED HOURS.
Counselors only list hours over contracted hours per week.

Day of month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Number of hours per day																

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Number of hours per day																

I certify that the above is a true and correct statement of the hours served during this period.

Employee's Signature _____ Date _____

Dean's Approval _____ Date _____

President's Approval _____ Date _____

FOR OFFICE USE ONLY

RATE OF PAY x TOTAL HOURS _____

TOTAL EARNINGS THIS PERIOD _____