



1936 Carlotta Dr., Wing B
 Concord, CA 94519
 (925) 682-8000, ext. 4201

Pay Period Ending _____
 (mm/dd/yy)

CERTIFICATED ACTIVITY SUPERVISION TIME REPORT AT \$25.00 PER ACTIVITY

Employee ID # _____ Site _____
Required on all timesheets (found on Check/Direct Deposit Advice)

Name _____ (Last) _____ (First) _____ (Middle Initial)

(PLEASE PRINT ALL INFORMATION) Each event must be listed separately.

Payroll period ends on the 20th day of the month. Please submit to Payroll Dept. on the 21st

Date (MM/DD/YY)	From	To	Activity Description	Description		
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
	:	:			1	25.00
TOTAL:				3641	Certificated	

**THIS TIME REPORT
 MUST BE IN PAYROLL
 DEPT. BY THE 21ST OF
 THE MONTH TO BE PAID.**

EMPLOYEE'S SIGNATURE	DATE
PRINCIPAL'S SIGNATURE	DATE

Expenditure Code: Site
 _____ .2220.49.1160

If to be reimbursed by Student Body Funds bill to:

(Name of Site) Student Body Account