



PREP PERIOD COVERAGE @ \$22.00 PER PREP PERIOD

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

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

School _____

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

Pay Period Ending _____
Month _____ Year _____

(PLEASE PRINT ALL INFORMATION)

*for block schedule, use 2 for each prep period

PLEASE SUBMIT TO PAYROLL OFFICE BY THE 21st OF THE MONTH.

DATE (MM/DD/YY)	HOURS		PREP COVERAGE FOR	HOUR CODE	DESCRIPTION	NUMBER OF PERIODS*	TOTAL COMPENSATION Preps X \$22 per Prep
	FROM	TO					
21	:	:					
22	:	:					
23	:	:					
24	:	:					
25	:	:					
26	:	:					
27	:	:					
28	:	:					
29	:	:					
30	:	:					
31	:	:					
1	:	:					
2	:	:					
3	:	:					
4	:	:					
5	:	:					
6	:	:					
7	:	:					
8	:	:					
9	:	:					
10	:	:					
11	:	:					
12	:	:					
13	:	:					
14	:	:					
15	:	:					
16	:	:					
17	:	:					
18	:	:					
19	:	:					
20	:	:					
TOTAL				3642			

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

EMPLOYEE'S SIGNATURE _____	DATE _____
APPROVED: PRINCIPAL'S SIGNATURE _____	DATE _____
PROGRAM ADMINISTRATOR'S SIGNATURE _____	DATE _____

Exp. Code 000.5053.10.1150