



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

**CLASSIFIED**

Pay Period Ending \_\_\_\_\_  
 (mm/dd/yy)

# 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)

NOTE: Per MDEA Contract, Section 15.1.3: "Activity supervision assignments will not be given to non-bargaining unit members if unit members are available."

(PLEASE PRINT ALL INFORMATION)

Each event must be listed separately.

**Payroll period ends on the 20<sup>th</sup> day of the month. Please submit to Payroll Dept. on the 21<sup>st</sup>**

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
	:	:			1	25.00
<b>TOTAL:</b>				<b>3613</b>		
<b>TOTAL:</b>				<b>3611</b>		

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

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Expenditure Code: Site \_\_\_\_\_ .2220.49.2160

If to be reimbursed by Student Body Funds bill to:  
 \_\_\_\_\_  
 (Name of Site) Student Body Account