| Los Angeles Community Colleges  |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|---|-------------|------------------|------|----|---------|--------|---------------------|------|----------|----------|---|--------|------------------|----------------|--------|------------|----------|---------|----|--------|------|----------|
|   | MEN         | MENT TIME REPORT |      |    |         |        |                     |      |          |          |   |        | Hourly Employees |                |        |            |          |         |    |        |      |          |
| This form is used to report time worked for employees assigned to hourly positions. |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        | Service: Select One |      |          | Academic |   |        |                  | Payroll Month: |        |            |          |         |    |        |      |          |
| Department:   |             |                  |      |    |         |        |                     |      |          |          |   |        | Class            | ified          |        |            |          | Year:   |    |        |      |          |
| Supervisor:   |             |                  |      |    |         |        |                     |      |          |          |   |        | Uncla            | ssified        |        |            | Week I   | Ending: |    |        |      |          |
|   |             | Monday           |      |    | Tuesday |        |                     | W    | ednesday |          | Thursda   |        | ıy               |                | Friday |            | Saturday |         |    | Sunday |      |          |
| Last Name   | First Name  | Code             | From | То | Code    | From   | То                  | Code | From     | То       | Code  | From   | То               | Code           | From   | То         | Code     | From    | То | Code   | From | То       |
| <u>Laot Italiio</u>   | I not itame | Jour             | 110  |    | Jour    | 110111 | - 10                | Jour | 110      | 10       | Jour  | 110111 |                  | 0000           | 110    |            | Jour     | 110     | 10 | 0000   | 110  | 0        |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         | 1      |                     |      |          |          |   |        |                  |                | 1      |            |          |         |    |        |      | <u> </u> |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| BN  |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| DNI   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      | -        |
| PN:   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   | Remarks:    |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| Report Codes  |             |                  |      |    |         |        |                     |      |          |          | I certify the information appearing on this time repo |        |                  |                |        | ort is tru | e and c  | orrect. |    |        |      |          |
| PN Personnel Number   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
|   |             |                  |      |    |         |        |                     |      |          |          |   |        |                  |                |        |            |          |         |    |        |      |          |
| LACCD TA-3A 6/05  |             |                  |      |    |         |        |                     |      |          |          | Supervisor's Signature                                |        |                  |                |        |            |          | Date    |    |        |      |          |