



## Employee Time Reporting Log



☐ Part-Time Coach      ☐ Grad Fellow      ☐ Temp Employee

NAME \_\_\_\_\_

ID NO. \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

POSITION TITLE \_\_\_\_\_

### INSTRUCTIONS:

1. All Part-Time Staff must complete and submit this form to the Payroll Department each month. The reporting period begins on the 16<sup>th</sup> of the previous month and ends on the 15<sup>th</sup> of the current month. **The completed form must be signed by the employee and the supervisor, and submitted to the Payroll Department by the 15<sup>th</sup> of every month.**
2. Record the use of sick time under the Sick Time column by entering in the amount of sick time hours used.  
*\*Sick time in one day should not exceed your regular work scheduled shift.*

In compliance with California Sick Leave Law, part-time employees are granted 24 hours of paid sick time upon completion of 90 days of employment and/or the beginning of each fiscal year. Sick leave hours do not carry over to the next fiscal year, nor can they be cashed out upon separation.

### 2015-2016 FISCAL YEAR

PREVIOUS MONTH \_\_\_\_\_

CURRENT MONTH \_\_\_\_\_

DAY	Time In	Time Out	Time In	Time Out	Sick Time
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

DAY	Time In	Time Out	Time In	Time Out	Sick Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
TOTAL HOURS					

By signing below, I certify that the information provided on this form is true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date