Yuba Community College District-Payroll Department

Temporary

10th EOM

Print: Last First

Colleague ID Number

Month/Year

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of Hours Worked															

16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Employee's Signature Date **Department/Job Title

This section to be completed & calculated by Payroll Department.

				Hours Worked	Pay Rate	Total (Hours X Pay Rate)
Earn Type		**GL#				
		Position ID				
Earn Type		GL#				
		Position ID				
Earn Type		GL#				
		Position ID				

Total $_____

**Authorized Signature Date

**These sections to be completed by Supervisor, Division Dean or Budget Manager:

GL#, Authorized Signature, Department/Job Title, & *Circle if applicable:* Lec Rate / Lab Rate

Revised 8/5/2024