SOCCCD—Payroll Services Department
PAYROLL TIMESHEET | SINGLE PAYMENT

Instructions: Enter complete information required to process payment in a timely manner. Print and submit form to the Payroll office.

Instructor _____ _____ Employee ID # _____
Last Name *First Name*

Department _____ Division **EWD & Business Sc.** Location **SC**

Reporting Period _____ to _____

Contact Person: **Mira Manchik** Contact Ext **4303**

▼ **Enter Worktag Account Numbers:** link to Workday Account Crosswalk

Fund	Ledger Acct	CostCntr	Prog	Proj	Grant	Fund Source	Fund Yr

Reason for Timesheet: Click to checkmark appropriate box and complete required information.

		Date Board Approved	Description of Service	
☐	Stipend			
☐	Grant			
☐	3 for 1			
☐	Regular/Other Timesheet Reports			
☐	Substitute: substituting for			
✓	Cooperative Work Experience	Provide Attachment	First and Final Roster	
☐	Cancelled Class	Ticket #		Date Cancelled

▲ **Complete as applicable:** 1 OSH = 16.6 hours [Example: 4 OSH = 4 X 16.6 = 66.4 hours]

Course Number: _____ Course Ticket Number: _____

Class Title: _____

▼ Double-click to open Excel worksheet, enter actual hours worked, click out of table to exit.

DATES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
																-

Stipend Amount: _____

▼ Sign & Date the **Affirmation of Information** statement below: signature required.

Instructor's signature _____ Date _____

I affirm that the above information is true and correct.

I verify that the above information is true and complete, and thereby, authorize payment: signature required.

Administrator's signature _____ Date _____