

Chabot – Las Positas Community College District

CHABOT COLLEGE

LAS POSITAS COLLEGE

Part-time Counselor or Librarian Service Report

NAME

Last

First

Middle

W #

Do not use SSN

POSITION

DIVISION

PERIOD OF

16 -

15, 20

SCHEDULED MEETING

A.M.

P.M.

[Day(s) * Time (e.g., MW 7-9:50)]

This service report constitutes a statement of services rendered for the period shown and a claim for salary payment. I hereby certify all entries to be correct.

Faculty Signature

Date

BUDGET ACCOUNT NUMBER

Fund

Organization

Account

Program

Due on the 15th of each month

INSTRUCTIONS:

1. After completion, submit to the appropriate administrator by way of Campus Mail. **Failure to submit this report to Payroll by the 15th of the month** will result in payment being delayed until the following month.
2. The Service Report must be complete as to all information requested and **signed by the originator**. Incomplete Service Reports will be returned to the originator and payment of earned salary may be delayed one month.

I hereby certify that the above-named employee has fulfilled all the requirements of his / her assignment for the dates indicated.

Appropriate Administrator's Signature

Date

*****Enter absent code from reverse side*****

Date	Day of Week	Time on Duty	# Hours Worked	If Absent, Give Reason*
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Total Hours

Reason for Absence

A Administrative

B Bereavement

C Conference

E Personal Necessity

M Military Leave

N Maternity

S Personal Illness or Injury

SC On-the-Job Injury

U Unauthorized Leave
Without Pay

W Leave Without Pay