ORANGE COUNTY COMMUNITY COLLEGE
FULL TIME GRANT TIME SHEET (35 HOURS)

NAME: (LAST, FIRST MI)				FILE NO		DEPT		

DAY	DATE	HOURS WORKED				DISTRIBUTIONS OF HOURS					
		IN	OUT	IN	OUT	REG	BER	HOL	PL	SICK	VAC
SAT	5/8/2010										
SUN	5/9/2010										
MON	5/10/2010										
TUE	5/11/2010										
WED	5/12/2010										
THU	5/13/2010										
FRI	5/14/2010										
SAT	5/15/2010										
SUN	5/16/2010										
MON	5/17/2010										
TUE	5/18/2010										
WED	5/19/2010										
THU	5/20/2010										
FRI	5/21/2010										
TEMP CODE						REG	BER	HOL	PL	SICK	VAC
TEMP DEPT											
TEMP RATE							(I)	(H)	(X)	(S)	(V)
									TOTAL HOURS		

EMPLOYEE				SUPERVISOR				
DATE				DATE				
I CERTIFY THE ABOVE STATED HOURS ARE TRUE, ACCURATE AND COMPLETE				I CERTIFY TO THE ACCURACY AND AUTHENTICITY OF THE ABOVE STATED HOURS				

DAY	DATE	HOURS WORKED				DISTRIBUTIONS OF HOURS					
		IN	OUT	IN	OUT	REG	PL	SICK	VAC	HOL	BER