

**ORANGE COUNTY COMMUNITY COLLEGE  
FULL TIME GRANT TIME SHEET (37.50 HOURS)**

<b>NAME: (LAST, FIRST MI)</b>						<b>FILE NO</b>			<b>DEPT</b>		
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										
<b>TEMP CODE</b>						<b>REG</b>	<b>BER</b>	<b>HOL</b>	<b>PL</b>	<b>SICK</b>	<b>VAC</b>
<b>TEMP DEPT</b>											
<b>TEMP RATE</b>							(I)	(H)	(X)	(S)	(V)
									<b>TOTAL HOURS</b>		
<b>EMPLOYEE</b>						<b>SUPERVISOR</b>					
<b>DATE</b>						<b>DATE</b>					
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