

**ORANGE COUNTY COMMUNITY COLLEGE
PART TIME CIVIL SERVICE TIME SHEET**

NAME: (LAST, FIRST MI)		FILE NO:		DEPT:	
-------------------------------	--	-----------------	--	--------------	--

DAY	DATE	HOURS WORKED				DISTRIBUTIONS OF HOURS													
		IN	OUT	IN	OUT	REG	OT	COMP EARNED	BER	COMP USED	HOL	PL	SICK	VAC	WEATHER CLOSING ST	WEATHER CLOSING DT	DIF		
SAT	01/02/10																		
SUN	01/03/10																		
MON	01/04/10																		
TUE	01/05/10																		
WED	01/06/10																		
THU	01/07/10																		
FRI	01/08/10																		
SAT	01/09/10																		
SUN	01/10/10																		
MON	01/11/10																		
TUE	01/12/10																		
WED	01/13/10																		
THU	01/14/10																		
FRI	01/15/10																		
						REG	OT	COMP EARNED	BER	COMP USED	HOL	PL	SICK	VAC					
									(I)	(Q)	(H)	(X)	(S)	(V)	(21)	(20)	(G)		

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	OT	COMP EARNED	BER	COMP USED	HOL	PL	SICK	VAC	WEATHER CLOSING ST	WEATHER CLOSING DT	DIF		

