

**IMPERIAL COMMUNITY COLLEGE DISTRICT  
SHORT TERM/SUBSTITUTE EMPLOYEE TIME SHEET**

Fiscal Year \_\_\_\_\_ to \_\_\_\_\_

PAY PERIOD ENDING: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Date	IN	OUT	TOTAL	Night Diff.	Date	IN	OUT	TOTAL	Night Diff.
21					7				
22					8				
23					9				
24					10				
25					11				
26					12				
27					13				
28					14				
29					15				
30					16				
31					17				
1					18				
2					19				
3					20				
4					<b>REGULAR HOURS TOTAL</b> <b>RATE OF PAY</b> <b>TOTAL EARNINGS</b> <b>NIGHT DIFFERENTIAL TOTAL</b> <b>OVERTIME HOURS TOTAL</b>				
5									
6									

*I certify that the above information is correct.*

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Hours verified by: \_\_\_\_\_ Funding Source: \_\_\_\_\_