

BANNER ID #
M

NAME – LAST FIRST

POSITION #
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SICK HRS	WORK HRS	RATE	# WORK DAYS



FUND	ORGN	ACCOUNT	PROGRAM
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SUBSTITUTE FOR _____	HR APPROVAL
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PENAL CODE 72 STATES FALSE OR FRAUDULENT CLAIMS CONSTITUTE FELONIES. SEE BACK OF CARD FOR FURTHER CONDITIONS.

 Employee Signature Date

 Supervisor (print) Signature Date

 Budget Manager (print) Signature Date

RECORD ALL TIME WORKED IN CORRECT BLOCKS FOR DAYS OF MONTH(S) WORKED

25	26	27	28	29	30	31	Prior month/ year
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					

MARIN COMMUNITY COLLEGE DISTRICT

STUDENT:

Signature on this time card is a declaration of the following:

- If you are a regular student employee, you are, during a regular class section, maintaining satisfactory progress in twelve (12) semester units.
- If you are an Extended Opportunity Program Services (EOPS) student employee, you are, during a regular class section, maintaining satisfactory progress in nine (9) semester units or equivalency.
- If you are a Financial Aids student employee, you are, during a regular class session, maintaining satisfactory progress in six (6) semester units or equivalency.
- If you are a Disabled student employee, you are, during a regular class session, maintaining satisfactory progress in six (6) semester units or equivalency.

SUPERVISOR:

You are the responsible agent of the District. Your signature verifies that the student signing this time card meets the above stated requirements.

WARNING: Submission of time card by students not meeting above requirement will result in disqualification from employment eligibility for at least the remainder of current semester.