

PORTERVILLE COLLEGE Time Card

Name	Position
Period Ending	Employee's Signature

Date	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Month
1								<input type="checkbox"/> O.O.S. Tuition
2								<input type="checkbox"/> DSPS
3								<input type="checkbox"/> EOPS/CW
4								<input type="checkbox"/> F.W.S.
5								<input type="checkbox"/> Classified
6								Total Hours
7								Rate
8								Total Pay
9								Budget Code
10								ID Number
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I hereby certify that this is a true statement of the hours worked by the employee listed, and that he or she has performed his assigned job in a satisfactory manner.

Supervisor's Signature	Administrator's Signature
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