

**SHORT-TERM &  
SUBSTITUTE  
EMPLOYEES**

**College of the Siskiyous  
Timesheet**

S# \_\_\_\_\_  
Position# \_\_\_\_\_

Employee Name \_\_\_\_\_ Payroll Period From \_\_\_\_\_ To \_\_\_\_\_  
(Please Print)

**Rest Periods (Breaks):** Employees are entitled to a 15 minute rest period for every four (4) hours worked

**Meal Periods:** Employees working five (5) or more hours are entitled to a meal period of not less than 30 minutes. If an employee's work period for the day does not exceed six (6) hours, the meal period may be waived by mutual consent of the supervisor and the employee. Meal periods should be arranged with the supervisor and can be up to 60 minutes.

**PLEASE RECORD TOTAL TIME IN NO LESS THAN 15 MINUTE INCREMENTS.**

| Date                       | Work Period Begins | Meal Period Begins | Meal Period Ends | Work Period Ends | # Of Hours Worked         | Signature of Employee |                      |
|----------------------------|--------------------|--------------------|------------------|------------------|---------------------------|-----------------------|----------------------|
| <b>Example:</b><br>7/10/15 | 8:00 a.m.          | 11:45 p.m.         | 12:15 p.m.       | 4:30 p.m.        | 8.0                       | John Smith            |                      |
|                            |                    |                    |                  |                  |                           |                       |                      |
|                            |                    |                    |                  |                  |                           |                       |                      |
|                            |                    |                    |                  |                  |                           |                       |                      |
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|                            |                    |                    |                  |                  |                           |                       |                      |
| <b>Budget Number</b>       |                    |                    |                  |                  | <b>Total Hours Worked</b> | <b>Pay Rate</b>       | <b>Amount Earned</b> |
|                            |                    |                    |                  |                  |                           |                       |                      |

SIGNATURE OF IMMEDIATE SUPERVISOR \_\_\_\_\_

SIGNATURE OF ADMINISTRATOR \_\_\_\_\_