



# COLLEGE of the DESERT

43-500 Monterey Ave., Palm Desert CA, 92260

## ADJUNCT COUNSELOR EMPLOYEE PAYROLL RECORD

**NAME:** \_\_\_\_\_  
(LAST NAME, FIRST NAME)

**GALAXY ID #:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**PAY PERIOD:** 10B 3/18/20 - 4/17/20

**DEPARTMENT:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

DATE	DAY	REG	S	FI	PN	B	Leave w/o pay	REMARKS
3/18/2020	WED							
3/19/2020	THU							
3/20/2020	FRI							
3/21/2020	SAT							
3/22/2020	SUN							
3/23/2020	MON							
3/24/2020	TUE							
3/25/2020	WED							
3/26/2020	THU							
3/27/2020	FRI							
3/28/2020	SAT							
3/29/2020	SUN							
3/30/2020	MON							
3/31/2020	TUE							
4/1/2020	WED							
4/2/2020	THU							
4/3/2020	FRI							
4/4/2020	SAT							
4/5/2020	SUN							
4/6/2020	MON							
4/7/2020	TUE							
4/8/2020	WED							
4/9/2020	THU							IN LIEU OF CESAR CHAVEZ DAY
4/10/2020	FRI							SPRING HOLIDAY
4/11/2020	SAT							
4/12/2020	SUN							
4/13/2020	MON							
4/14/2020	TUE							
4/15/2020	WED							
4/16/2020	THU							
4/17/2020	FRI							
<b>TOTAL</b>								

I hereby certify that the above is a true and accurate report of my service for the period indicated.

TO BE COMPLETED AND RETURNED BY:  
FRI 4/17/20

\_\_\_\_\_  
Signature of Employee Date

\_\_\_\_\_  
Authorized by immediate Supervisor Date

FOR PAYROLL USE ONLY		
FL _____	Rate \$ _____	
ADJ. CODE	HRS	AMOUNT