



# 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:** 11B 4/18/19 - 5/17/19

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

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

DATE	DAY	REG	S	FI	PN	B	Leave w/o pay	REMARKS
4/18/2019	THU							
4/19/2019	FRI							Spring Holiday
4/20/2019	SAT							
4/21/2019	SUN							
4/22/2019	MON							
4/23/2019	TUE							
4/24/2019	WED							
4/25/2019	THU							
4/26/2019	FRI							
4/27/2019	SAT							
4/28/2019	SUN							
4/29/2019	MON							
4/30/2019	TUE							
5/1/2019	WED							
5/2/2019	THU							
5/3/2019	FRI							
5/4/2019	SAT							
5/5/2019	SUN							
5/6/2019	MON							
5/7/2019	TUE							
5/8/2019	WED							
5/9/2019	THU							
5/10/2019	FRI							
5/11/2019	SAT							
5/12/2019	SUN							
5/13/2019	MON							
5/14/2019	TUE							
5/15/2019	WED							
5/16/2019	THU							
5/17/2019	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:

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

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

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