COLLEGE of the DESERT

TASC Tutor Timesheet

NAME: _____
(LAST NAME, FIRST NAME)

SUPERVISOR: _____

ID #: _____

STUDENT   NON-STUDENT
Please circle one

PAY PERIOD: 11B   4/18/20 - 5/17/20

DATE	DAY	TASC	ACES	CALW-TASC	DSPS (SE)	ESLN	EOPS	FY (SE)	VET	Nursing	TRIO-DSPS	TRIO-VETS	UB	Other	SICK	REMARKS
PAYROLL USE ONLY		570	571	572	573	574	575	576	577	578	579	580	581	582		
4/18/2020	SAT															
4/19/2020	SUN															
4/20/2020	MON															
4/21/2020	TUE															
4/22/2020	WED															
4/23/2020	THU															
4/24/2020	FRI															
4/25/2020	SAT															
4/26/2020	SUN															
4/27/2020	MON															
4/28/2020	TUE															
4/29/2020	WED															
4/30/2020	THU															
5/1/2020	FRI															
5/2/2020	SAT															
5/3/2020	SUN															
5/4/2020	MON															
5/5/2020	TUE															
5/6/2020	WED															
5/7/2020	THU															
5/8/2020	FRI															
5/9/2020	SAT															
5/10/2020	SUN															
5/11/2020	MON															
5/12/2020	TUE															
5/13/2020	WED															
5/14/2020	THU															
5/15/2020	FRI															
5/16/2020	SAT															
5/17/2020	SUN															
TOTAL																

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

FOR PAYROLL USE ONLY

_____   _____
Signature of Employee   Date

_____   _____
Authorized by Immediate Supervisor   Date