

# PALO VERDE COLLEGE

## TIME REPORT FOR EXTRA DAYS SERVICE FULL TIME FACULTY ONLY

**Note:** In order for full-time faculty to receive remuneration for any service beyond the regular academic contract, this form must be approved by the Superintendent/President.

**FACULTY MEMBER:** \_\_\_\_\_

**Assignment:** \_\_\_\_\_

Reporting  
period: \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

INDICATE NUMBER OF **HOURS** OF SERVICE IN EACH BLOCK **OVER** CONTRACTED HOURS.  
**Counselors only list hours over contracted hours per week.**

Day of month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Number of hours per day																

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Number of hours per day																

I certify that the above is a true and correct statement of the hours served during this period.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean's Approval \_\_\_\_\_ Date \_\_\_\_\_

Vice  
President's Approval \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

RATE OF PAY x TOTAL HOURS \_\_\_\_\_

TOTAL EARNINGS THIS PERIOD \_\_\_\_\_