

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

CLASSIFIED OFF-SCHEDULE TIME REPORT

To be submitted every month.

This form is to be completed by less than 12-month employees whose off-schedule time is scattered throughout the year.

Name _____ Social Security Number _____

Position/Title _____

Months: 9 10 11 Location: District Oxnard Moorpark Ventura

Month and Year _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Total hours off schedule _____
(Enter zero if no off-schedule hours)

I certify that the reported off-schedule hours are correct

Business Services:

Employee: _____
Employee signature Date

Supervisor: _____
 Date