

**VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
PROFESSIONAL EXPERT TIME SHEET**

OXNARD COLLEGE
VENTURA COLLEGE
MOORPARK COLLEGE

Project hours to be worked through end of month.

EMPLOYEE _____ SOC. SEC. # _____
(Type or Print) LAST FIRST MIDDLE INITIAL

Address _____ City _____ ZIP CODE _____

Indicate HOURS WORKED Each Day
Month of _____, 19____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Do not enter any marks under dates not worked.

Description of Work Performed _____

Total Hours Worked _____ Hourly Rate \$ _____ Amount Due \$ _____

Prior Month's Time Sheet Adjustment:

(-) minus hours not worked as projected: _____ hours on _____ date

(+) plus hours worked in addition to those submitted: _____ hours on _____ date

I certify that the reported hours worked are correct, and I understand any fraudulent falsification may be subject to legal prosecution.

I hereby certify that the person whose name appears on this form has worked the number of hours stated above and the work was performed in a satisfactory manner.

Employee _____ Date _____

Supervisor _____ Date _____

Administrator _____ Date _____

Charge Acct. No: _____

Business Services Only

Date _____