

Classified

Employee's Name: _____
Last First Mi

Monterey Peninsula Community College District MONTHLY WORK SUMMARY



S.S. # XXX | XX | Department _____ Month _____ 20 _____

ALL HOURS WORKED	ENTER NUMBER OF HOURS WORKED UNDER APPROPRIATE DAY OF MONTH																															TOTAL
	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	
Regular Hours																																
Overtime*																																
Comp Time*																																

* REQUIRES PRE-APPROVAL PURSUANT TO THE CONTRACT.
THIS CERTIFIES NO OVERTIME HAS BEEN WORKED UNLESS SPECIFIED ABOVE.

ALL HOURS NOT WORKED	ENTER NUMBER OF HOURS NOT WORKED UNDER APPROPRIATE DAY OF MONTH																															TOTAL
	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	
Vacation																																
Sick Leave																																
Personal Necessity																																
Industrial Accident/Illness (Worker's Comp.)																																
Bereavement																																
Military Leave																																
Jury Duty																																
Extended Sick Leave																																
Absence Without Pay																																
Comp Time Taken																																
School Holiday																																

Penal Code 72 states: False or fraudulent claims constitute felonies.
For explanation of leave, refer to MPCCD/MPCEA agreement, Article X.

FOR PAYROLL USE ONLY
Posted by: _____
Date: _____

Explanations: _____

Employee certifies as true and correct.

Date

Supervisor certifies as true and correct.

Date

Classified Employee's Name: _____

OVERTIME WORKED

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____

Work Order/Contract: _____
Job Action: _____

Date: _____
No. of Hours: _____
Budget No.: _____ - _____ - _____ - _____

Supervisor's Signature _____ Date _____