		Southe	rn Call	tornia	a Coni	rerenc	e Hou	rıy 11m	e Ke	port		
Work Location:		Newbury Park Adventist Academy					_					
Employee N	Name						_Job Title:					
For Pay Period		to Beginning		Ending		_						
Employee S	Signature	e:					_ Da	ite Signed:				
-	This is	the period	during	which t	he work	was ne	rformed			Ova	utius s	
Date Worked	Start Time	End Time	Start Time	End Time	Start Time	End Time	Start Time	End Time		Time & A Half	Double Time	OTHER (Please
Sun	Time	Time	Time	Tillle	Time	Time	Time	Time		Hours**	Hours***	Specify)
Mon												
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work period. Sign and date this form.					* Hours must be entered in military time. **Overtime is hours over 8 and up to 12 in one day and hours over 40 in one week. Hours worked on the seventh consecutive day of the work week are also consider overtime.				Superv	isor Signa	ture	
Fill in the location name, date submitted and pay period												
beginning and ending dates.				***Double time hours are hours worked over 12				Date				
				hours in one day and the hours over 8 worked on the seventh consecutive day of the work week.								
	-	it to (818) 546-	-									
or email it to p	ayroll@sco	csda.org.			**** Other:	Please spec	cify if you are	e requestina				
Note: New employees must complete all employment paperwork					**** Other: Please specify if you are requesting Vaction, Holiday or Sick hours.							
with Human Resources before starting work. DO NOT begin work until all paperwork is cleared. If you have questions about your paperwork contact: hr@sccsda.org.				V=Vacation S=Sick H=Holiday If requesting Jury hours provide "Jury Service Notice". If requesting bereavement leave, contact HR for authorization prior to requesting hours.								
						request	my nours.		I			