

Yosemite Community College District

PAYROLL CLAIM



COLLEAGUE ID# _____

Check One:

- CC
- MJC
- YCCD

Check One:

- Certificated
- Classified
- Student
- FLEX

EMPLOYEE'S NAME _____

Last Name

First Name

MI

Month _____

ACCT NO: _____

Dept _____

ACCT NO: _____

Fund _____

Day	Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours
SUN										
MON										
TUES										
WED										
THURS										
FRI										
SAT										
Total Per Week		0.00		0.00		0.00		0.00		0.00

Employee Signature _____

Total Hours **0.00**

Approval Signature(s) _____

Pay Rate \$ _____

Supervisor

Budget Approval Manager

Position Title _____

Gross Earnings \$ _____

If Substituting, for whom _____

Classes and Section # _____

1. Submit original copy of the claim to payroll -- make own copies as needed
2. Claims must be submitted monthly – do not allow to accrue
3. Claims are due in designated office on or before 15th day of each month
4. All claims are due in Payroll by the 18th day of each month
- 5. Late claims will be paid the following month**