Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*17	01/31/21		1/31/2021	2/13/2021	3/11/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
1/31/21	Sunday					
2/1/21	Monday					
2/2/21	Tuesday					
2/3/21	Wednesday					
2/4/21	Thursday					
2/5/21	Friday					
2/6/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
2/7/21	Sunday					
2/8/21	Monday					
2/9/21	Tuesday					
2/10/21	Wednesday					
2/11/21	Thursday					
2/12/21	Friday					
2/13/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*18	02/14/21		2/14/2021	2/27/2021	3/25/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
2/14/21	Sunday					
2/15/21	Monday					
2/16/21	Tuesday					
2/17/21	Wednesday					
2/18/21	Thursday					
2/19/21	Friday					
2/20/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
2/21/21	Sunday					
2/22/21	Monday					
2/23/21	Tuesday					
2/24/21	Wednesday					
2/25/21	Thursday					
2/26/21	Friday					
2/27/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*19	02/28/21		2/28/2021	3/13/2021	4/8/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
2/28/21	Sunday					
3/1/21	Monday					
3/2/21	Tuesday					
3/3/21	Wednesday					
3/4/21	Thursday					
3/5/21	Friday					
3/6/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
3/7/21	Sunday					
3/8/21	Monday					
3/9/21	Tuesday					
3/10/21	Wednesday					
3/11/21	Thursday					
3/12/21	Friday					
3/13/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*20	03/14/21		3/14/2021	3/27/2021	4/22/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
3/14/21	Sunday					
3/15/21	Monday					
3/16/21	Tuesday					
3/17/21	Wednesday					
3/18/21	Thursday					
3/19/21	Friday					
3/20/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
3/21/21	Sunday					
3/22/21	Monday					
3/23/21	Tuesday					
3/24/21	Wednesday					
3/25/21	Thursday					
3/26/21	Friday					
3/27/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

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Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*21	03/28/21		3/28/2021	4/10/2021	5/6/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
3/28/21	Sunday					
3/29/21	Monday					
3/30/21	Tuesday					
3/31/21	Wednesday					
4/1/21	Thursday					
4/2/21	Friday					
4/3/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
4/4/21	Sunday					
4/5/21	Monday					
4/6/21	Tuesday					
4/7/21	Wednesday					
4/8/21	Thursday					
4/9/21	Friday					
4/10/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

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Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*22	04/11/21		4/11/2021	4/24/2021	5/20/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
4/11/21	Sunday					
4/12/21	Monday					
4/13/21	Tuesday					
4/14/21	Wednesday					
4/15/21	Thursday					
4/16/21	Friday					
4/17/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
4/18/21	Sunday					
4/19/21	Monday					
4/20/21	Tuesday					
4/21/21	Wednesday					
4/22/21	Thursday					
4/23/21	Friday					
4/24/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*23	04/25/21		4/25/2021	5/8/2021	6/3/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
4/25/21	Sunday					
4/26/21	Monday					
4/27/21	Tuesday					
4/28/21	Wednesday					
4/29/21	Thursday					
4/30/21	Friday					
5/1/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
5/2/21	Sunday					
5/3/21	Monday					
5/4/21	Tuesday					
5/5/21	Wednesday					
5/6/21	Thursday					
5/7/21	Friday					
5/8/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo

Continuing Education BI-WEEKLY TIMESHEET

P. Period	Dates		Period Cover		Pay Date
*24	05/09/21		5/9/2021	5/22/2021	6/17/2021

1st week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
5/9/21	Sunday					
5/10/21	Monday					
5/11/21	Tuesday					
5/12/21	Wednesday					
5/13/21	Thursday					
5/14/21	Friday					
5/15/21	Saturday					
			Sub Total:			

2nd week

MM/DD	Day	Courses	# of Hours	Hours*	Deducted**	Worked
5/16/21	Sunday					
5/17/21	Monday					
5/18/21	Tuesday					
5/19/21	Wednesday					
5/20/21	Thursday					
5/21/21	Friday					
5/22/21	Saturday					
			Sub Total:			
I certify that I was present for duty on the days shown above.			Bi-weekly Total:			

Name of Employee: _____ **Initials:** _____

Date Submitted:_____

****All appointments are subject to deduction in hours for cancelled classes due to holidays or change of calendar days, or for absences due to personal matters.**

Supervisor Cristian Gallardo