



CLASSIFIED/NON-EXEMPT MONTHLY TIMESHEET
Butte-Glenn Community College District

Employee Name: _____ Month: _____ YR: _____

CID: _____ Department: _____ Normal Work Schedule: _____

Table with columns: DATE, HOURS WORKED (Regular, Paid Overtime, CTO Overtime), HOURS ABSENT (Vacation, Sick, Holiday, CTO, Other), COMMENTS. Rows 1-31.

FOR LEAVE INFORMATION – PLEASE CONTACT HUMAN RESOURCES (refer to Section 8 CSEA Agreement)

Employee Signature

Supervisor Signature