

SPECIAL PROJECT TIME REPORT FOR CERTIFICATED/ACADEMIC EMPLOYEES

Employee's Name: _____ Employee #: _____

Full-Time Part-Time Campus: RCC MV Norco District

Name of Special Project: _____

Date(s) and Hour(s) worked:
(Dates must be within the time frame listed on the Special Project Request. If Lump Sum payment, please only note start and end date.)

Date	No. of Hours	Date	No. of Hours	Date	No. of Hours

FOR CERTIFICATED/ACADEMIC EMPLOYEES ONLY:

Salary Placement per Hour at Group _____, Step _____ (of the Faculty Hourly Salary Schedule, Lab Rate Only)

Hourly Rate: _____

Total hours allotted for the project (or served, if less) _____ (lump sum payment upon completion does not require a daily time report)

Paid by the Hour with Amount Not to Exceed \$ _____

Paid as Lump Sum upon Completion in the Amount of \$ _____



Is the Special Project Completed?

- Yes (if funds are remaining they are released)
- No, it will continue next term (a new Special Project Request must be completed)
- I was unable to complete the special project (checking this box is notification of cancellation of the special project)

Employee's Signature: _____ Date: _____

Approved by Dean/Director: _____ Date: _____
(who had responsibility for the project and its budget)

Please submit completed forms to Payroll

Original: Payroll Copy: Employee/Department