

**TIMESHEETS ARE DUE AND MUST BE IN THE TAP OFFICE BY 9AM ON
WEDNESDAY NOVEMBER 4, 2009**

Human Resources/TAP
1115 Spruce St.
Riverside , CA 92507
TAP Payroll
A-L = 951-955-9094
M-Z = 951-955-2916



EMPLOYEE NAME(required) EMPLOYEE NUMBER(6 digits required)

PAY PERIOD NUMBER **23** CASE NUMBER (DPSS S.T.E.P. ONLY)

DATES COVERED **10/22/09-11/4/09** DEPARTMENT NAME/WORK NUMBER

Send to stop #2161 FAX (951) 955- 9153

Day	Date	HOURS WORKED	TAP OFFICE USE ONLY	SHIFT DIFFERENTIALS		COMMENTS	TAP OFFICE USE ONLY	TIME TABLE
				Z01	Z02			
Thursday	10/22/2009							1-6 MIN= 0.1
Friday	10/23/2009							7-12 MIN=0.2
Saturday	10/24/2009							13-18 MIN=0.3
Sunday	10/25/2009							19-24 MIN = 0.4
Monday	10/26/2009							
Tuesday	10/27/2009							25-30 MIN = 0.5
Wednesday	10/28/2009							31-36 MIN= 0.6
Thursday	10/29/2009							37-42 MIN= 0.7
Friday	10/30/2009							43-48 MIN= 0.8
Saturday	10/31/2009							49-54 MIN= 0.9
Sunday	11/1/2009							55-60 MIN= 1.0
Monday	11/2/2009							
Tuesday	11/3/2009					****Send in the time sheet on this day		
Wednesday	11/4/2009							

	HOURS WORKED		SHIFT	
TOTALS				

TAP OFFICE USE ONLY				
REG	XOT	OVT	Z01	Z02

TAP employees are eligible for the following differentials only:

****Shift differential Z01 = hours worked from 6pm till 11pm or if starting after 1pm differential pay starts at 3pm till 11pm**

****Shift differential Z02 = any hours worked between 11pm and 7am**

I certify the above hours are accurate. EMPLOYEE'S SIGNATURE	DATE	I approve the hours/shift worked. SUPERVISOR'S SIGNATURE	DATE	SUPERVISOR'S PHONE NUMBER
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DID YOU REMEMBER TO INCLUDE YOUR NAME AND EMPLOYEE NUMBER???

IMPORTANT MESSAGE:

TIME SHEETS ARE DUE AND
MUST BE AT THE TAP OFFICE NO LATER THAN
9AM, WEDNESDAY NOVEMBER 4TH.

PAY DAY FOR PP23 09 IS ON NOVEMBER 18, 2009

DIRECTIONS FOR COMPLETING TIME SHEET:

- * **EMPLOYEE NAME** - USE FIRST AND LAST NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD, NO NICK NAMES.
- * **EMPLOYEE NUMBER (REQUIRED)** - USE THE SIX DIGIT EMPLOYEE NUMBER THAT APPEARS ON YOUR CHECK STUB.
- * **DEPARTMENT NAME** - INDICATE CURRENT DEPARTMENT NAME AND DIVISION IF APPROPRIATE.
IT IS CALCULATED AT THE DEPARTMENT LEVEL ACCORDING TO THE INSTRUCTIONS AT THE BOTTOM OF THE TIME SHEET.
- * **COMMENTS** - INDICATE YOUR 9/80 DAY OFF AS WELL AS A BRIEF EXPLANATION FOR ALL DAYS ABSENT.
- * **TOTALS** - ENTER YOUR **TOTAL HOURS WORKED** FOR THE ENTIRE TWO WEEK PAY PERIOD.
ENTER YOUR **TOTAL** SHIFT DIFFERENTIAL HOURS IN THE BOX FOR THE APPROPRIATE CODE.
- * **EMPLOYEE SIGNATURE** - SIGN AND DATE YOUR TIME SHEET.
- * **SUPERVISOR SIGNATURE** - SUPERVISOR MUST VERIFY ALL HOURS/SHIFT NOTED PRIOR TO SIGNING YOUR TIME SHEET.
PLEASE BE SURE TO KEEP A COPY OF YOUR TIMESHEETS FOR YOUR RECORDS

FORWARD THE ORIGINAL TO

THE TAP OFFICE AT MAIL STOP #2161 ATTN: TAP PAYROLL