



TIME SHEET - INSTRUCTOR

Name _____
 Position _____
 Substitute for (name) _____
 Inclusive Substitution Dates _____

Course Number _____
 Course or Program Title _____
 Campus _____
 Account Code _____

This time sheet is for 2 weeks, ending with a payday (Friday). Please fill in the dates under the days of week. Give the start and finish times of work, indicating a.m. or p.m. **Leave statutory holidays blank**, unless you worked. Time sheets must be received by payroll by the Wednesday following payday to be processed in the next pay.

MONTH _____

INDICATE ACTUAL STUDENT CONTACT HOURS ONLY

	SAT	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	MON	TUES	WED	THUR	FRI	
Date															
Start Time															
End Time															
Student Contact Hours															Total Hours
Type of Work															

- I - Instruction (SP or IL for CCP only)
- N - Non-Instructional
- D - Program Development
- L - Lab
- C - Clinical
- P - Practicum
- O - Other _____

PAYROLL USE ONLY (STAT CALC)

PAYROLL USE ONLY

COMMENTS

Employee's Authorization _____ Date _____

Supervisor's Authorization _____ Date _____