Non-Teaching Adjunct's & Continuing Education Teacher's Timesheet

Please Check One: [ ] Continuing Education Teacher [ ] Non-Teaching Adjunct

Payroll Period:_____ Name (Print): _____

Soc. Security No.:_____ Program/Dept:_____ Tel Ext:_____

No.	Day	Date	Time In	Meal Period	Time Out	Total Work Hrs
1	THURS					
2	FRI					
3	SAT					
4	SUN					
5	MON					
6	TUES					
7	WED					
WEEK SUB-TOTAL						
8	THURS					
9	FRI					
10	SAT					
11	SUN					
12	MON					
13	TUES					
14	WED					
WEEK SUB-TOTAL						
TOTAL HOURS						

I certify that I worked the hours indicated above.

_____

Employee's Signature Date

I certify that I reviewed this timesheet and it is accurate to the best of my knowledge.

_____

Executive Officer's/Dept. & Program Head's Signature Date

For Continuing Education & Public Program use only: Please check if applicable.

[ ] Approve the above additional _____hours worked **beyond** the initial allocated hours.

_____

Program Head's Initials

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