



Part-Time Faculty Additional Pay Time Report

Timesheet covers from the 11th of the month to the 10th of the following month

Months: _____ AY Year: _____

Employee Name _____

Assignment Title _____

Employee CWID _____ Hourly Pay Rate \$ _____

Month	11	12	13	14	15	16	17	18	19	20
IN										
OUT										
IN										
OUT										
Total Hrs										

Month	21	22	23	24	25	26	27	28	29	30	31
IN											
OUT											
IN											
OUT											
Total Hrs											

Month	1	2	3	4	5	6	7	8	9	10
IN										
OUT										
IN										
OUT										
Total Hrs										

Total Hours

0

I hereby certify that this time report correctly reflects all time worked by me for the pay period indicated

Employee Signature: _____ Date: _____

I hereby certify that the work shown on this time card was performed in a satisfactory manner and that hours shown are correct and accurate

Supervisor Signature: _____ Date: _____

Forward signed form to Campus Personnel Office (Administration Building Room 137) by **13th calendar day** of the month to be included in the month-end pay cycle. Late submissions will be processed in the following pay cycle.

For Payroll Use Only

Position:	Entered By:	Date:	AdditionalPay_Timesheet_2014
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