

USE THIS FORM ONLY
IF INDICATED IN YOUR
CONTRACT

College of the Siskiyous
Temporary, Part-Time Instructor's
Timesheet

Please complete the following:
Section # _____
Course # _____
Substituting for:

(Instructor's Name) (Course)

Employee Name _____
(Please Print)

PLEASE RECORD TOTAL TIME IN NO LESS THAN 15 MINUTE INCREMENTS.

Date	Work Period Begins	Meal Begins	Period Ends	Work Period Ends	# Of Hours Worked	Signature of Employee	
<u>Example:</u> 5/1/2017	8:00 a.m.	11:30 a.m.	12:00 p.m.	4:30 p.m.	8.0	John Smith	
Budget Number					Total Hours Worked	Pay Rate	Amount Earned

APPROVAL: IMMEDIATE SUPERVISOR _____

Note: Please return this form to your immediate supervisor by the 1st of every month. Timesheets received after this date will be paid the following month.
All timesheets must be completed in ink.