



Canada:

CSM:

Skyline:

Adjunct and OL (full time) faculty timesheet

Date: _____

Division/Department: _____

Instructor: _____

G#: _____

Salary Schedule: _____

Step: _____ Grade _____ Lecture: _____

Lab: _____

Special: _____

Step (AJ): _____ Subject: _____

Prepared By: _____

Date	Lec.	Lab	Spec.	CRN	Course	Comment
				Total Hours		

Account Number: _____ Total Earned: _____

Account Number: _____ Total Earned: _____

Substituting For: _____ G#: _____

Additional Comments: _____

Employee's Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____