



SUBSTITUTE FACULTY TIME SHEET

Month/Year: _____

Last Name: _____ First Name: _____ Middle Initial: _____

_____ CMS Position Number: _____ Reporting Unit: _____

Record the hours the employee lectured as well as the hours spent in labs/or activity for each day worked. Time must be reported in increments no smaller than one-half hour.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Lecture (Hours)																
Lab/Prep (Hours)																
Date	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Lecture (Hours)																
Lab/Prep (Hours)																

Lecture Hours Total: _____

Lab/Prep Total: _____

RANGE CODE: _____

- 1 – ASST/INSTRUCTOR
- 2 – ASST PROFESSOR
- 3 – ASSOC PROF/PROFESSOR

COMPENSATION:

Number of Lecture Hours:	Number of Lab/Prep Hours:
Hourly Rate of Pay:	Hourly Rate of Pay:
Lecture Payment:	Lab Payment:
Combined Total Payment Due:	

Employee Signature

Date

Department Chair Signature

Date

REVISED 4/15/20