



**SUBSTITUTE FACULTY TIME SHEET**

Month/Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

SSN: \_\_\_\_\_ 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 4/20/17