

CUESTA COLLEGE ACADEMIC MONTHLY TIME SHEET - COACHES

NAME: _____

ADDRESS: _____

BANNER ID # _____

FOR MONTH ENDING: _____

DATE	CAMPUS (M,N,S) *	ACTIVITY OR SUBJECT	HOURS OF SERVICE		Number of Days	DAILY RATE**				
			FROM	TO						
TOTAL EARNED						_____ Days X _____ =	\$			

** Per Faculty Salary Schedule, Appendix B-5, A2b., stipend is one-tenth of one percent (.10%) of cell E-14 for daily rate of practice held outside the normal Fall & Spring Semesters.

Account Number
1100-5007-1220-696000-0000

REQUIRED SIGNATURES: (Please date, also)

Division Chair/Director

Date

Dean of Instruction

Date

Employee

Date