COUNSELING

CUESTA COLLEGE
ACADEMIC MONTHLY TIME SHEET

NAME:

ADDRESS:

BANNER ID # FOR MONTH ENDING:

DATE	LOCATION	SUBJECT	HOURS OF SERVICE FROM	HOURS OF SERVICE TO	TOTAL HOURS	RATE PER HOUR	TOTAL	SUBSTITUTE FOR	REASON FOR ABSENCE

___Add'l 1100-_____-1220-631000-0000 ___LAB RATE $_____ x HRS _____ = $_____

___Sub 1100-_____-1430-631000.0000 (A4) RATE $_____ x HRS _____ = $_____

___Other _____ RATE $_____ x HRS _____ = $_____

TOTAL EARNED $_____

REQUIRED SIGNATURES:

_____ Division Chair/Director

_____ Date

_____ V.P. Student Services

_____ Date

_____ Employee

_____ Date