LIBRARY

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 1100-3004-1220-612000-0000 ____LAB RATE $_____ x HRS _____ = $_____

___Sub 1100-____-1430-612000.0000 (A4) RATE $_____ x HRS _____ = $_____

___Other _____ RATE $_____ x HRS _____ = $_____

TOTAL EARNED $_____

REQUIRED SIGNATURES:

_____
Division Chair/Director

_____
Date

_____
Employee

_____
Date