CUESTA COLLEGE

ACADEMIC MONTHLY TIME SHEET

EMERITUS SUBSTITUTE ONLY

NAME: ______________________

☑ √ Emeritus Non-Credit Sub (SNC)

BANNER ID # ______________________

FOR MONTH ENDING:
(one month ONLY per sheet)

DATE	LOCATION	SUBJECT	HOURS OF SERVICE		TOTAL HOURS	RATE PER HOUR	TOTAL	SUBSTITUTE FOR	REASON FOR ABSENCE
			FROM	TO					
					TOTAL HOURS X RATE =		**EARNED**		
					TOTALS				

Account Number
1100- 3334 -1130 - 499900

REQUIRED SIGNATURES:

____
Division Chair/Director

____
Date

____
Dean of Instruction

____
Date

____
Employee

____
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