



Name: _____ Empl ID #: _____ Dept ID: _____

CMS Position #: _____ Job Code: _____ SCO Unit: _____

Pay Period: _____ Month/Year (Please submit one time sheet for each pay period)

Lecture days: _____ Total lecture hours
(tenths only, no hundredths)

Lab/activity days: _____ Total lab/activity hours
(tenths only, no hundredths)

Hourly lecture rate _____

Hourly lab/activity rate _____

Total lecture hours * hourly lecture rate = _____

Total lab/activity hours * hourly lab/activity rate = _____

Pay period gross earnings

I certify that I have worked the days and hours as reflected.

Substitute Faculty Signature Date

I authorize payment as reflected

Dean's Signature Date

CMS Keyed	PIMS Keyed