



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

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

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

Days: _____ Total hours _____
(tenths only, no hundredths)

Hourly rate _____

Pay period gross earnings
Total hours * hourly rate

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

Substitute Teaching Associate Signature Date

I authorize payment as reflected

Dean's Signature Date

PS/CMS	PIMS Keyed