

HOURLY FACULTY TIME REPORT

** Please record the **in-class hour(s) only** on this time report.

Employee Name _____

Pay I.D. # _____

Month of _____ Year _____

Day (Mon)	Date	# Hours (3.25)	Assignment / Position	Department	For Payroll Use Only
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				
	19				
	20				
	21				
	22				
	23				
	24				
	25				
	26				
	27				
	28				
	29				
	30				
	31				
TOTAL HRS:					For Payroll Use ONLY

I certify that all the information reported above is correct. I authorize MiraCosta Community College to make any necessary adjustment due to under/over-payment as needed.

Employee's Signature

Date

Supervisor's Signature

Date

REQUIRED