



Employee name: _____ Time Period: _____
 PID number: _____ Due by: _____

Employee Timesheet
Full-time Overload or Adjunct

TO BE COMPLETED FOR TIME MISSED BY
 FULL-TIME INSTRUCTORS WITH OVERLOADS OR ADJUNCTS

Rate: _____
 Assignment: _____
 Account: _____
 Org. code: _____

Day of week	Date	Substitute	Course prefix and number	Section number	Hours missed
				Total hours missed	

Employee signature _____
 Supervisor signature _____ Date _____