

GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT

CUYAMACA COLLEGE

Academic Substitute Time Sheet

PAY PERIOD _____ TO _____

NAME: _____ COUNTY ID # (CID): _____

PT FT

Pos. # _____ / _____

DATE	Number of Hours		CLASS and Sec. # Absent Instructor's Name Ex: Soc 120 Sect 1011XJ. Doe	BUDGET NUMBER
	Lecture	Lab		

Payroll Use Only

TOTAL HOURS	Pay Step ____	Lect rate	Lab rate =	Amount owed	BUDGET #
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

Signature of Employee

Authorized Signature of Manager