GROSSMONT-CUYAMACA COMMUNITY COLLEGE DISTRICT

GROSSMONT COLLEGE

Academic Substitute Time Sheet

PAY PERIOD _____ TO _____

NAME: _____ COUNTY ID # (CID): _____

_____ PT _____ FT Pos. # _____ / _____

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

Payroll Use Only

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

_____

Signature of Employee

_____

Authorized Signature of Manager

96-0423-001W/bg rev. 11/96/bg