



ADJUNCT TIMESHEET

DEPARTMENT: _____ COURSE/SECTION: _____

NAME: _____ Last 4 of SSN: _____

WORK PERIOD: FROM _____ TO _____

NOTE: Contact hours and days should coincide with the information on the PAR for each course and section.
* You may be excused for personal illness or emergencies for a period of 1/15th of the total # of clock hours in the particular session or semester. Please indicate with an “ABS” on your timesheet.

WEEK ONE		
DATE	DAY	CONTACT HOURS
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	TOTAL WEEK	

WEEK TWO		
DATE	DAY	CONTACT HOURS
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	TOTAL WEEK	

I certify that the above accurately reflects my classroom contact hours. If I was absent, I have made the appropriate indication above.

ADJUNCT SIGNATURE DATE

APPROVAL: I have reviewed the above and to the best of my knowledge it is accurate and complete. I therefore authorize payment for the hours shown.

CHAIRPERSON / COORDINATOR DATE

NOTE: It is the sole responsibility of the chairperson or coordinator of the department to notify HR & Payroll if an adjunct is absent for more than 1/15th of the total # of clock hours in a particular session or semester.