EMPLOYEE# _____

Palo Verde College

PART-TIME INSTRUCTOR TIME REPORT

NOTE: Separate time reports **must** be submitted for each course. **Incomplete time reports will be returned.**
All time reports **must** be submitted by the **10th** day of each month.

NAME:_____ **TELEPHONE#:**_____

FULL COURSE NUMBER & TITLE:_____
(i.e. XXX-000-00 / Basic Education)

SCHEDULED DAY AND TIME:_____ **# HRS PER DAY:**_____
(i.e. MW - 1:00p-2:20P)

SEMESTER REPORTING PERIOD _____ _____
Summer/Spring/Fall Month/Year (i.e. Aug 04)

TOTAL HOURS SERVED THIS TIME PERIOD: _____

INDICATE **NUMBER OF HOURS** OF INSTRUCTION IN EACH BLOCK. IF ABSENT, PLACE LETTER "A" IN BLOCK

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Number of Hours of Instruction																

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Number of Hours of Instruction																

Below please briefly state the reason for any absence, i.e., illness, etc.

_____

_____

I certify that the above is a true and correct statement of the hours served during this period.

Employee's Signature: _____ Date: _____

Authorized Approval: _____ Date: _____

2nd Approval (if needed): _____ Date: _____

FOR OFFICE USE ONLY

TOTAL HOURS _____ **RATE OF PAY** $_____

TOTAL EARNINGS THIS PERIOD $_____

PAY PD	ADJ CODE	JOB CODE	INITIALS