

**IMPERIAL COMMUNITY COLLEGE
TIME RECORD FOR ADJUNCT/PART-TIME PERSONNEL**

NAME _____ **SS#** _____

PAY PERIOD _____ **01, 20** _____ **TO** _____ **31, 20** _____

This Time Record is to be completed by the 5th day of each month by every adjunct/part-time employee rendering service during the pay period and it will become part of the permanent records of the College. The completed form is required by the District to support the issuance of all salary warrants for services rendered. Failure to submit a time sheet by the 5th could delay your pay warrant.

SUMMER SCHOOL

Please record in the column the number of "hours" of lecture and number of hours of laboratory for that day.

SECTION I

SECTION II

Date	LEC	LAB
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Please complete totals for the pay period:

1. Total hours sick leave..... _____
2. Total lecture hours worked..... _____
3. Total laboratory hours worked..... _____

SECTION III

I certify that the information recorded is correct:

Signature of Instructor/Counselor Date

Signature of Project Director/Supervisor Date

Approved and recorded:

Signature of Vice President/Dean Date

SECTION IV

**FOR DIFFERENT
COURSE OFFERINGS
PLEASE SHOW THE
HOURS TAUGHT FOR
EACH COURSE.**

	ACCT. CODE(S)	# OF HRS	RATE	TOTAL
1.	1. _____ - _____ - _____ - _____	_____	X	\$ _____
2.	2. _____ - _____ - _____ - _____	_____	X	\$ _____
3.	3. _____ - _____ - _____ - _____	_____	X	\$ _____