



**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 1/15<sup>th</sup> 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	
	<b>TOTAL WEEK</b>	

WEEK TWO		
DATE	DAY	CONTACT HOURS
	Sunday	
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	<b>TOTAL WEEK</b>	

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 1/15<sup>th</sup> of the total # of clock hours in a particular session or semester.