CLEVELAND COMMUNITY COLLEGE
CONTINUING EDUCATION
PART-TIME TIME SHEET

Name of Course_____ Your Full Name_____

Meeting Place_____ Hours & Days Class Meets_____

Beginning Date of Class_____ Ending Date of Class_____

Days	Month_____ Hours Taught	Month_____ Hours Taught	Month_____ Hours Taught	Month_____ Hours Taught
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total Hours				

I certify that this record is true and correct to the best of my knowledge and belief.

_____ _____

Employee Signature (full name) Date Social Security Number

_____ _____

Supervisor Date Section Number

For Office Use:

Employee#	Hours X	Rate =	Total	Code