matc

PART-TIME FACULTY
SUBSTITUTE TIME REPORT

Substitute Teacher (Last, First, Middle) _____

COSMO ID Number _____

Date (MM/DD)	Dept.	Crs.	Sec.	Loc.	Original Teacher	Supervisor Signature	Total Hours

Substitute Teacher Signature _____ Date _____

INSTRUCTIONS

Indicate by date the course you taught as a substitute, part-time teacher, and have the supervisor sign as approval to pay. If you have any questions regarding the required information, the supervisor will be able to assist you.

At the end of the pay period or after the class is taught, submit the time report to the supervisor or to the payroll department.

MATC is an Affirmative Action/Equal Opportunity Employer
and complies with all requirements of the Americans With Disabilities Act.