MILWAUKEE AREA Technical College

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 Periods*

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.

* 1 period = 55 minutes

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