



Milwaukee Area Technical College

PART TIME FACULTY PERCENT OF LOAD TIME REPORT

NAME: _____

COSMO ID _____

PAY PERIOD: _____

* EMPLOYEE SIGNATURE: _____

* SUPERVISOR SIGNATURE: _____

SUPERVISOR: _____

*Authorization and Approval for pay of time indicated.

TYPE	S	M	T	W	T	F	S	S	M	T	W	T	F	S	TOTAL
	U	O	U	E	H	R	A	U	O	U	E	H	R	A	
SICK LEAVE															
PROFESSIONAL LEAVE															
OTHER															
CODE FOR OTHER															

OTHER LEAVE CODES

DD – DUTY INCURRED DISABILITY
MP – MATERNITY DISABILITY LEAVE
NP – LEAVE NO PAY

JD – JURY DUTY
ML – MILITARY LEAVE
O – OTHER (SPECIFY) _____

INSTRUCTIONS

INDICATE ANY ABSENCE FROM YOUR ASSIGNMENT BY TYPE AND AMOUNT OF TIME IN CLOCK HOURS BELOW THE DATE IT OCCURRED. YOUR ASSIGNMENT FOR ANY DAY IS DETERMINED BY YOUR PROGRAM, SO PLEASE CONSULT YOUR PROGRAM WHEN CALCULATING TIME. IF YOUR ABSENCE IS FOR A REASON OTHER THAN LISTED IN THE TABLE ABOVE, PLEASE CONSULT "OTHER LEAVE CODES". ON THE LAST DAY OF THE PAY PERIOD, TOTAL BY TYPE THE HOURS INDICATED, THEN SIGN AND SUBMIT THE TIME REPORT TO YOUR SUPERVISOR OR DESIGNEE.

Timesheets received after the due date will be processed on the following pay date.