

Instructor	Tutor	Student Worker

Substitute
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 Employee's Name (please print)
 Employee #\_\_\_\_\_

Date	Location Worked or	Hours	Total # Hours
	Course Name	(i.e., 1:00-4:00pm)	

Total Hours

## By signing this form, I certify that the information provided in this form is accurate and true.

Signature of Instructor / Tutor / Student Worker

To be completed by the Coordinator				
Rate:	Payment:	Cost Center:		
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