



Canada:



CSM:



Skyline:

Date: _____ Division/Department: _____

Instructor: _____ G#: _____ Salary Schedule: _____

Step: _____ Lecture: _____ Lab: _____ Special: _____

Subject: _____ Prepared By: _____

Date	Lec.	Lab	Spec.	CRN	Course	Comment
				Total Hours		

Account Number: _____ Total Earned: _____

Account Number: _____ Total Earned: _____

Substituting For: _____ G#: _____

Additional Comments: _____

Employee's Signature: _____ Date: _____

Division Dean Signature: _____ Date: _____