

# North Central State College

## Full-Time Faculty Non-Teaching Activities During Off-Semester

Employee Name (Please Print): \_\_\_\_\_

For the Week:					
Beginning: Sunday, _____					
and Ending: Saturday, _____					
Day of Week	Time				Total Hours
	Start	Stop	Start	Stop	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Total Hours for the Week					
<small>Show time to the nearest quarter hour</small>					
Signed (employee) _____					

Rate of Pay:
Acct # : <small>(Normal payroll account shall be used unless indicated otherwise.)</small>
For Accounting Use Only Total Amt. :

Division		Activity

**Committee Chair/Administration:** \_\_\_\_\_ Date \_\_\_\_\_

**Dean:** \_\_\_\_\_ Date \_\_\_\_\_

**Vice President for Learning:** \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT ON PINK COLORED PAPER.