## ADMINISTRATIVE ADJUNCT TIME SHEET

LAST NAME: ________________________________ FIRST NAME: ________________________________  
(Please print)

SSN: ________________________________  
DEPARTMENT: ________________________________ PERIOD WKD: ________________________________  

**This Time Sheet is to be used for ADJUNCTS who are paid at 60% rate**

<table>
<thead>
<tr>
<th>DAY</th>
<th>MM/DD</th>
<th><del>HOURS</del></th>
<th>~~~HOURS~~</th>
<th>TOTAL HRS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>IN</td>
<td>OUT</td>
<td>TOTAL</td>
</tr>
</tbody>
</table>

**WEEK ONE**

SUN

MON

TUES

WED

THUR

FRI

SAT

WEEK 1 TOTAL

**WEEK TWO**

SUN

MON

TUES

WED

THUR

FRI

SAT

WEEK 2 TOTAL

TOTAL HOURS

COMMENTS: ____________________________________________  ____________________________________________

EMPLOYEE’S SIGNATURE  ________________________________  AUTHORIZED SIGNATURE  ________________________________

FOR OFFICE USE ONLY: