APPENDIX B-5

CUESTA COLLEGE

STUDENT LEARNING OUTCOMES AND ASSESSMENT

PAY TIMESHEET

(Please Print or Type all information)

Name: ___________________________  Banner ID #: ___________________________

(First)  (Last)

Please indicate semester worked:

C] Fall ________ (Paid on December 31 payroll)

(First)  (Last)

Spring ________ (Paid on May 31 payroll)

(year)  (year)

In accordance with the District/CCFT Collective Bargaining Agreement, Article Section 4.17 — by signing this request below, I affirm that I have met the standard for requesting pay for the on-going process of developing and assessing student learning outcomes as determined by my division. I am requesting the hours of pay listed below based on my current semester load as checked below. (Formula below)

Temporary Faculty Load up to 19.9% = .5 hours per semester
Temporary Faculty Load up to 20% - 39.9% = 1.0 hours per semester
Temporary Faculty Load up to 39.9% - 67% = 1.5 hours per semester

Employee Signature: ___________________________  Date: ____________

Dean of Instruction/Director: ___________________________  Date: ____________

Division Chair: ___________________________  Date: ____________

<table>
<thead>
<tr>
<th>PAYROLL OFFICE USE:</th>
<th>$52.04</th>
<th>$</th>
</tr>
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<tbody>
<tr>
<td>Total Hours</td>
<td>D-07, Lab Rate</td>
<td>Total Payment</td>
</tr>
</tbody>
</table>

Please add the "Program" Account Number to the account string below for your Division/Department:

Account String: 1100-3003-1122-