APPENDIX B-4

CUESTA COLLEGE
STUDENT LEARNING OUTCOMES AND ASSESSMENT PAY TIMESHEET

(Please Print or Type all information)

Name: _____ _____ Banner ID # _____
(Last) (First)

Please indicate semester worked:

☐ **Fall** _____ (Paid on December 31 payroll)
(year)

☐ **Spring** _____ (Paid on May 31 payroll)
(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

PAYROLL OFFICE USE:		
	$52.04	$
Total Hours	D-07, Lab Rate	Total Payment

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

Account String:1100-3003-1122-_____