

INDIAN RIVER STATE COLLEGE
Developmental Education Division
Verification of Instructor's Time

___ ASC# 11310400 141041 42
 ___ AHS# 11320200 142020 42
 ___ ESL# 11310300 141030 42
 ___ GED# 11320100 142010 42

PLEASE PRINT *Full Name as indicated on paycheck*

Instructor's Name _____
 Last First Initial

PID# _____

I verify that I have worked the recorded total # of hours for the indicated month/year.

Instructor's Signature _____ Date _____

MONTHLY TOTAL _____

MONTH/YEAR _____

DAY	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F	S	M	T	W	R	F		
DATE																															
Daily Total																															
Wkly Totals						+						+						+						+						=	Mthly Total

If you are absent, write the substitute's name under appropriate date. *If you sub, write the person's name for whom you subbed and the hours under the appropriate date.

SCHEDULE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Weekly Total _____			# of Credit Hrs. Taught _____		