APPENDIX B-8

CUESTA COLLEGE STUDENT LEARNING OUTCOMES AND ASSESSMENT PAY **TIMESHEET**

(Please Print or Type all information	n)
Name:	Banner ID #
(Last)	(First)
Please indicate semester worked:	
☐ Fall (year)	(Paid on December 31 payroll)
Spring(year)	(Paid on May 31 payroll)
signing this request below, I a process of developing and assorequesting the hours of pay liste below) Temporary Faculty Load Temporary Faculty Load	t/CCFT Collective Bargaining Agreement, Article Section 4.17 – by ffirm that I have met the standard for requesting pay for the on-going essing student learning outcomes as determined by my division. I am d below based on my current semester load as checked below. (Formula d up to 19.9% = .5 hours per semester d up to 20% - 39.9% = 1.0 hours per semester d up to 39.9% - 67% = 1.5 hours per semester
Employee Signature	 Date
Division Chair	 Date
Dean of Instruction/Director	 Date
Please add the "Program" Account	Number to the account string below for your Division/Department:
Account String:1100-3003-1324-	

Additional hours selected above will be paid at the Faculty's lab rate according to Appendix B-3, Temporary, Part-time and Full-time Overload Laboratory/Hourly Faculty Salary Schedule.