



## Instructor Monthly Time Sheet

Name:

Today's Date:

Address & Zip:

Phone Number:

Month Ending:

Date	Sub?	School /Satellite Location	Time In / Out	Total Hours Worked

Total number of hours for this period: \_\_\_\_\_

Monthly Pay Total: \$ \_\_\_\_\_

Employee Signature: \_\_\_\_\_

► Have you attached your classroom summary?

- Please complete the time sheet in its entirety and include the grand total; Record actual times in and out; Hours outside of normal weekly classroom hours will not be paid unless approved in advance by the Director
- Allow at least 2 - 4 days for processing and mailing of physical checks
- Record time worked in quarter hours ONLY ( i.e. 2:30, 3:15, 5:45)
- Non teaching hours will be paid at the clerical rate of pay ( i.e. recital performance, full run through rehearsals, research/project work, etc)
- Please submit directly to Artistic Director for processing