Mississippi Delta Community College

Payroll for Instruction
Part-Time

Department:

Semester/Month/Year:

Please group by employee.
Please do not list more than one course or class site per line.
Please use separate sheets for monthly and hourly.

ID Number	Employee	Course Number	Class Site	VCC, Cont. Ed., or Grant Name	# of Hours	Rate of Pay	Total Paid	For Business Office Use Only
				TOTAL			$0.00	

Director/Supervisor: **Date:**

Vice President of Instruction: **Date:**

President: **Date:**