## **HHS Division - Faculty Timesheet for Non-Contracted Hours**

Please email completed form to lcc-hhs@lcc.edu. Forms received incomplete OR after 2:00pm EVERY THURSDAY results in additional work for Supervisors, Support Staff and Payroll Department. It may also result in delayed payment. 2024 New request:

In the email subject line include the name of your Lead Support. This helps with processing time especially if your lead is on break.

Faculty Member Name:	Contact Information:		
Program(s) (Org):	Submission Date:		

Non Contracted Activity #1								
Explanation of Hours/Detailed Description			Grant related?	Course Code	CRN			
			□ YES					
				□ NO				
Date	Start Time	End Time	Total Hours	Timekeeper Notes	s/Corrections	Pay Code		
Date			Total Hours	Timekeeper Notes	3/ COTTECTIONS	ray code		
	□ PM	□ PM						
Non Contracted Activity #2								
Explana	tion of Hours/Detai	led Description		Grant related?	Course Code	CRN		
				□ YES				
				□ NO				
Data	Ctout Times	Final Times	Total Hours	Time de a mar Nata	o/Compostions	Day Cada		
Date	Start Time	End Time □ AM	Total Hours	Timekeeper Notes	s/Corrections	Pay Code		
	□ PM	□ PM						
		Non Contracte	d Activity #3					
Explana	tion of Hours/Detai			Grant related?	Course Code	CRN		
				□ YES				
•		- I			10			
Date	Start Time	End Time	Total Hours	Timekeeper Notes	s/Corrections	Pay Code		
	□ AM □ PM	□ <b>AM</b> □ <b>PM</b>						
	□ FIVI		d Activity #4					
Non Contracted Activity #4  Explanation of Hours/Detailed Description			, , , , , , , , , , , , , , , , , , , ,	Grant related?	Course Code	CRN		
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				□ YES □ NO				
Date	Start Time	End Time	Total Hours	Timekeeper Notes	s/Corrections	Pay Code		
	□ AM	□ AM						
	□ PM	☐ PM Non Contracte	d Activity #F					
Explana	tion of Hours/Detai		d Activity #3	Grant related?	Course Code	CRN		
					course coue	Citit		
				□ YES				
				□ NO				
Date	Start Time	End Time	Total Hours	Timekeeper Note	s/Corrections	Pay Code		
	□ AM	□ AM						
	□ PM	□ PM						

For Timekeeper Use Only

Danner Entry Date.

Timekeeper Name:	banner chury Date.

Pay Period: Banner Submission Date:

Form Received: Total Hours Submitted: