CERTIFICATED HOURS REPORTING

PLEASE COMPLETE HRS FACULTY WAS SCHEDULED TO WORK DURING THE WEEK PERIOD

DEPARTMENT: _____

APPROVER NAME PRINTED: _____ **PHONE#** _____

					Scheduled Hours/Actual Hours				
LEGAL EMPLOYEE NAME	**Escape Emp ID**	**PAF #**	**Section#**	**BUDGET CODE**	**3/21-3/28**	**3/29-4/4**	**4/5-4/11**	**4/12-4/20**	**Total**
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