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| --- |
| Projected Time Sheet for Supplemental Pay Appointment |
|  |
| Name:       | University ID: W      |
| Department/Grant Name:       | Budget Unit #:       |
| Budget Unit Head/PI:       | Campus Phone #:       |
|  |
| Course Title & Section Number | Computer Number | Credit Hours | Class Time | Days | Term or Interim | Location |
|       |       |       |       |       |       |       |
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|  |
| Office Hours for Semester/Year:  |
| Day of the Week | Times | Total Hours |
|       |       |       |
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|       |       |       |
|  |
| Projected Time |
| Date | Activity | Clock Time (i.e. 5pm – 9pm) | Total Hours |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |
|  |
| Employee’s Signature:  |  | Date: |  |
|  |
| Budget Unit Head/PI: |  | Date: |  |
|  |
|  |