

INSTRUCTOR TIME SUBMISSION FORM

CCAC PUBLIC SAFETY INSTITUTE
 808 RIDGE AVE, V103
 PITTSBURGH, PA 15212
 PHONE 412-237-2500
 FAX 412-237-4628

INSTRUCTOR INFORMATION—INFORMATION BELOW IS REQUIRED

NAME _____ SS# _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

COURSE NAME _____ COURSE DATES _____

COURSE NUMBER _____ COURSE LOCATION _____

Please remember, each course must have its own time submission sheet. You may have more than one night of a course on a sheet but do not combine different courses on the same sheet.

** If there is a new Address/Phone number, please contact the office for a new W-4 form.*

DATE	TIME IN	TIME OUT	INSTRUCTIONAL TYPE			TOTAL HOURS
26-Oct	8:00	4:00	___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
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			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	
			___ PRIMARY	___ ASSISTANT	___ OTHER	

By signing this time submission form, I verify that the above information is a true and accurate representation of course instruction.

Return signed forms to the PSI OFFICE by the LAST DAY of the month or within one week of the Final Class Session. Payroll will be processed when appropriate paperwork is received in the PSI office. Every new instructor must be pre-approved by the appropriate PSI Director.

PRIMARY INSTRUCTOR'S SIGNATURE _____ DATE _____

ASSISTANT INSTRUCTOR'S SIGNATURE _____ DATE _____

CAMPUS APPROVAL _____ DATE _____