Pellissippi State Technical Community College
Part-time Employee Time Verification Sheet

Payroll Period _____, 20_____

_____ _____
Employee Name Student Name

Date	**Assignment Information** Class/Assignment	Time Frame	Total Time	Student Initials

When submitting time for:

- a student who is present, have the student initial the indicated column
- a student who failed to show up, note the column with N/S (no show)
- a student who gave less than 24 hour notice, note the column with A (absent)
- an instructor who canceled class less than 24 hour notice, note the column with C (cancelled)

Include this form with the monthly Payroll Time Sheet. For questions or concerns please call Services for Students With Disabilities at 539-7153.