MISSISSIPPI DELTA COMMUNITY COLLEGE

PAYROLL FOR INSTRUCTION
Effective October 13, 2009

DIVISION _____

SEMESTER/MONTH/YEAR: _____

Please group by employee.
Please do not list more than one course or class site per line.
Please use SEPARATE sheets for monthly and hourly.

IDENTIFICATION NUMBER *(do not use SS#)*	EMPLOYEE	COURSE NUMBER	CLASS SITE	DAY, NIGHT, VCC, CONT ED. OR GRANT NAME	NUMBER OF HOURS	RATE OF PAY	TOTAL PAID	FOR BUSINESS OFFICE USE ONLY

DIRECTOR/SUPERVISOR _____ DATE _____

VICE-PRESIDENT/ EXECUTIVE VICE PRESIDENT _____ DATE _____

PRESIDENT _____ DATE _____