Northland Community and Technical College
Hourly Faculty
Payroll Timesheet

Employee Name: _____

State of MN Employee ID #: _____

Assigned Campus: _____ East Grand Forks _____ Thief River Falls

Department: _____

Rate of Pay: $_____ **Per Hour** **Cost Center:** _____

Date	Number of Hours	Description of Work (Ex. "Substitute for", "CNA Instruction")	Hourly Rate	Total Wage

Total Hours : _____ **Total Wages :** _____

Employee Signature : _____ **Date :** _____

Dept/Division Authorization: _____ **Date :** _____

The completed payroll timesheet must be delivered to your Supervisor/Dean. Faxed or scanned documents are acceptable.

Updated 12/2020