

# Mississippi Delta Community College

## Payroll for Instruction Full-Time

Department: \_\_\_\_\_

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.*

| ID Number | Employee | Course Number | Class Site | VCC, Cont. Ed.,<br>or<br>Grant Name | #<br>of<br>Hours | Rate<br>of<br>Pay | Total<br>Paid | For<br>Business<br>Office<br>Use Only |
|-----------|----------|---------------|------------|-------------------------------------|------------------|-------------------|---------------|---------------------------------------|
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
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|           |          |               |            |                                     |                  |                   |               |                                       |
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|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            |                                     |                  |                   |               |                                       |
|           |          |               |            | TOTAL                               |                  |                   | \$0.00        |                                       |

Director/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President of Instruction: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_