

STUDENT ADVISEMENT TIME CLAIM FORM

For previously approved Student Advisement Time

**Claims must be submitted at the end of the semester in which hours
are worked!**

Instructor Name _____

Social Security # X X X—X X—____

Division _____ Department _____

Semester _____ Year 20_____

HOURS OF STUDENT ADVISEMENT
TIME CLAIMED _____

I hereby verify that the above information is true and accurate.

Instructor's Signature _____ Date _____

Division Chair's Signature _____ Date _____

Dean's Signature _____ Date _____

For Human Resources Use Only

Pay Schedule _____ Column _____ Step _____ Hourly Rate _____

Hours to be paid _____ Confirmation _____

Budget Code: _____--_____--_____--_____--_____--_____--1325

