NFCC PUBLIC SAFETY ACADEMY
ADJUNCT FACULTY TIME SHEET
EMS PROGRAMS

G_____

RATE OF PAY: $_____

POSITION #: ADJV 20-_____
OFFICIAL USE ONLY

INSTRUCTOR _____

BEGINNING DATE_____ **END DATE**_____

Date	Time	Subject #	CRN	Class Title	Hours

Do not write bellow this line. **This is for administrative use only.**	**Total for CRN #**_____	
	Total for CRN #_____	
	Total for CRN #_____	
	Total for CRN #_____	
	Total for CRN #_____	

Total Hours	

The "EMS" numbers below are the SUBJECT #, please list this on your timesheet

EMS 1119	Emergency Medical Technician I	EMS 2603C	Paramedic I
EMS 1119L	Emergency Medical Technician I Lab	EMS 2656	Paramedic I Clinical
EMS 1411	Emergency Room Clinical Practicum	EMS 2604C	Paramedic II
		EMS 2657	Paramedic II Clinical
EMS 1421	Rescue Clinical	EMS 2605C	Paramedic III
		EMS 2658	Paramedic III Clinical
		EMS 2659	Paramedic III Internship

This record reflects the courses and hours taught by me during this time period.

Instructor Signature_____ **Date**_____

Coordinator Approval _____ **Date**_____

Director Approval_____ **Date**_____