UMBC Department of Music Time Sheet
Hourly Applied Instructors, Coaches, & Collaborative Pianists

Instructor's Name _____ Pay Period Ending _____

Students' Name - Other Departmental Work	Date of Lesson First Week	Date of Lesson Second Week	Lesson Length Minutes	Total No. of Lessons	Hourly Rate *Office Use Only*
		Applied Lessons	Total Hours		
		Other Dept. Work	Total Hours		

Office Use Only

Total weekly hours on this time sheet _____ **Total Amount Due: _____**

I certify that I have worked the hours indicated (Employee Signature) _____

I certify that the above employee has worked the
hours indicated and that this is a proper charge (Supervisor's Signature) _____