



# MT. SAN ANTONIO COLLEGE PAYROLL REPORT FOR PROFESSORS OF WORK EXPERIENCE

PROFESSOR NAME \_\_\_\_\_ A# \_\_\_\_\_ DATE \_\_\_\_\_  
LAST NAME FIRST NAME

SEMESTER \_\_\_\_\_ COURSE \_\_\_\_\_ REFERENCE NUMBER \_\_\_\_\_

COMPLETE THE FOLLOWING INFORMATION FOR THE WORK EXPERIENCE (WE) STUDENTS YOU ARE SUPERVISING THIS SEMESTER.  
 SUBMIT THE COMPLETED FORM AT THE END OF THE SEMESTER TO THE INSTRUCTION OFFICE (BUILDING 4-2465).

	STUDENT NAME	STUDENT ID #	# OF WE UNITS	SEMESTER GRADE	<i>FOR OFFICE USE ONLY: ALL WE FORMS COMPLETE AND SUBMITTED (Y/N)</i>
1.					
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PROFESSOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT CHAIR: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSOCIATE VICE PRESIDENT,  
INSTRUCTION: \_\_\_\_\_ DATE: \_\_\_\_\_

*PAYMENT FOR PROFESSOR/COORDINATOR SERVICES WILL BE BASED ON THE ABOVE INFORMATION IN ACCORDANCE WITH THE MT. SAC DISTRICT PLAN FOR WORK EXPERIENCE EDUCATION AND UPON COMPLETION OF ASSIGNMENT AND VERIFICATION THAT ALL NECESSARY REPORTS HAVE BEEN PROPERLY FILED.*