

McNeese State University
MONTHLY VERIFICATION OF FULFILLMENT OF APPOINTMENT DUTIES
(Must be submitted to Payroll office by 10th of each month)
Visiting Lecturers

SEMESTER _____

COLLEGE _____ DEPARTMENT _____

NAME _____ BANNER ID _____

COURSE NUMBER OF CLASS(ES) TAUGHT: _____

I verify that during the previous payroll period, I have fulfilled the responsibilities assigned to me.

Employee Signature

Date

Department Head Signature of Approval

Date

Dean Signature of Approval

Date