

INSTRUCTOR CHECK REQUEST FORM
Payroll Sheet

Class: _____ Date: _____

Instructor's Name: _____ Semester: _____

Address: _____

Phone Number(s): _____ / _____

Total Collected for Class Tuition (minus) – Registration Fees: \$ _____
(Example: 10 students @ \$125 = \$1,250 & 1@\$100 for audit) Please do not include text book fees.

Number of Students: _____ Amount Tuition Per Student: \$ _____

Did you scholarship any students? _____ If so, please fill out pink form

If so, how many?: _____ Total amount of Scholarships: \$ _____

Please attach pink Scholarship Forms.

AMOUNT OF SALARY REQUESTED:

Number of Students _____ X \$ _____ = \$ _____
(\$75-Class/\$50-Audit) (Salary)

(Tuition fees (minus) Registration fees collected)

(Note registration fees are not included in your salary)

Registration Fees Collected \$ _____

Total Amount Included for Deposit: \$ _____

Amount(s) uncollected? \$ _____

Please list students that have paid : _____

Any special instructions: _____

Signature

Date

Thank you for serving MCCM.