



INSTRUCTOR PAY VOUCHER

MUST BE COMPLETED EVERY PAY PERIOD

PAY PERIOD: / / to / /

INSTRUCTOR: **Ken Mackel II** SS# _____

STREET: **15800 Phillips Oak Drive** CITY: **FORT WASHINGTON** STATE: **MD** ZIP: **20868**

PHONE:(H) (_____) _____ (W) (_____) _____

(CELL PHONE):(**240**) **593.5956** E-MAIL ADDRESS: **K2@MACKEL.ME**

SCHEDULED CLASSES:

STUDIO	DAY	TIME	DATES WORKED	TOTAL HRS
Marilyn Praisner CC	Thu	6:30-9pm	9/15, 9/22, 9/29, 10/6, 10/9, 10/13, 10/20	16
North Laurel Community Cen...	Thu	6-9pm	10/11	3

CLASSES TAUGHT AS A SUBSTITUTE (Holidays _____):

STUDIO	SUBSTITUTED FOR	HEAD (✓)	ASST. (✓)	DATES WORKED	TOTAL HRS

TOTAL PAY (Calculate each location separately):

PAY RATE	X	HOURS or NIGHTS	=	TOTAL PAY
		16 hours (Marilyn Praisner CC)		
		3 hours (North Laurel Communi...)		