

**Time Verification for Part-Time Faculty of
Mesabi Range Community & Technical College Continuing Education Department**

Complete this form upon completion of your course and return to:
Roxanne Richards
MRCTC
1001 West Chestnut Street, Virginia, MN 55792

Name: _____ Social Security #: _____

Address: _____ City: _____ State: MN Zip: _____

Phone: _____ Email: _____

Name of Class Instructed: _____ Class Site: _____

Dates of Work: _____ Total # of Hours: _____

Employee Signature: _____ Date: _____

Authorized to Pay Signature: 331016 _____ Date: _____