

Faculty Substitution Form

Instructors:

- Please complete and submit to your **Departmental Administrative Assistant**.
- Submit one substitution form for each pay period.

Administrative Assistant:

- Ensure information is complete.
- Approval signature from Department Director is required.
- Submit copy of form **ATTACHED TO PAYROLL TIMESHEET**.
- Amend **timesheet** hours to account for substitution.

Substituting Instructor: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Social Security No. _____

1 Regular Instructor: _____ Course/Class: _____
Date of Substitution: _____ Section Number: _____
Day of Week: _____ Time of Class: _____

2 Regular Instructor: _____ Course/Class: _____
Date of Substitution: _____ Section Number: _____
Day of Week: _____ Time of Class: _____

3 Regular Instructor: _____ Course/Class: _____
Date of Substitution: _____ Section Number: _____
Day of Week: _____ Time of Class: _____

4 Regular Instructor: _____ Course/Class: _____
Date of Substitution: _____ Section Number: _____
Day of Week: _____ Time of Class: _____

5 Regular Instructor: _____ Course/Class: _____
Date of Substitution: _____ Section Number: _____
Day of Week: _____ Time of Class: _____

I certify that the above is correct

Substitute Instructor signature: _____ Date: _____

Department Director signature: _____ Date _____

ACCOUNTING USE ONLY
 ON PAYROLL NOT ON PAYROLL PR DEPT. INITIALS _____ DATE _____ PAY PERIOD ENDING _____
VOUCHER NUMBER _____ VOUCHER DATE _____ AMOUNT _____