

Departments: _____

COLUMBUS STATE COMMUNITY COLLEGE

FULL-TIME FACULTY (FTF)
ADJUNCT FACULTY (AF)
ANNUALLY CONTRACTED
FACULTY (ACF)

Locations: _____

SUBSTITUTE PAY ONLY

EMPLOYEE NAME _____ COLLEAGUE ID _____

DEPARTMENT _____ ACCNT NO. _____

DATE / TIME	COURSE NUMBER	SUBSTITUTING FOR	REASON	HOURS

TOTAL HOURS _____

Select the applicable pay rate from the dropdown menu and then hit enter. **PAY RATE:** _____

TOTAL COST _____

Supervisor's Signature _____

Date _____

Administrator's Signature _____

Date _____

HR/PAYROLL USE ONLY

PAY DATE: _____

Send Form to:
leaverequest@csc.edu

Processed by _____