

Departments: \_\_\_\_\_



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
<b>TOTAL HOURS</b>				

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 \_\_\_\_\_