

Instructions: Print using blue or black ink pen. Complete and submit to Faculty Affairs, Admin 150, 0021.

REQUEST FOR SUBSTITUTE FACULTY PAYMENT

_____ Replaced _____
 (Name of Substitute) (Name of Regular Faculty Member)

For a total of _____ Hours, as follows _____

Date/Hours	Date/Hours	Date/Hours

Class title of substitute teacher (check one): (Rate shall apply to individuals who meet the qualification requirements for appointments to the academic rank in parentheses.)

- Rate A (Assistant or Instructor) Rate B (Assistant Professor) Rate C (Associate Professor or Professor)

Type of class taught by the substitute teacher:

- Lecture Class (Total Hours _____) Laboratory or Activity (Total Hours _____)

Please provide the following information about the substitute teacher:

PeopleSoft Position ID _____

Employee ID _____

Employed by the College in another capacity? Yes No If yes, where? _____

APPROVAL SIGNATURES
Signature of Dept. Chair/Designee
Signature from Dean
Signature from Faculty Affairs