



# Substitute Instructor Payment Request

Complete the three steps below in the order shown

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## Step 1 - - Identify Instructors

Division: \_\_\_\_\_ Quarter:  Sum  Fall  Wtr  Spr Year: \_\_\_\_\_

Requested by: \_\_\_\_\_  
(Coordinator/Division Chair)

Approval: \_\_\_\_\_  
(Division Chair/Dean)

Date: \_\_\_\_\_

When the regular instructor is absent due to unanticipated sick leave, the substitute shall be paid for all course time that he or she covered. For short anticipated absences, it is expected that the absent instructor will informally arrange class coverage with full- and (infrequently) part-time faculty in a way that does not result in a need for substitute pay. When the regular instructor is absent due to a foreseen event, the substitute shall be paid: For day courses, only if the scheduled absence exceeds four days; for evening courses, only if the scheduled absence exceeds two days. In both situations, the substitute shall be paid for all course time covered, not just the time that exceeds four or two days. The division chair should be made aware in advance of any planned substitutions that will require payment to a substitute instructor. The above guidelines do not preclude exceptions, e.g., when a third party (outside the College) agrees to reimburse the College for substitution costs that result when the primary instructor participates in a project for the third party. Such exceptions should seek advance approval from the Vice President for Academic Affairs.

Instructor replaced: \_\_\_\_\_

Reason: (e.g., illness) \_\_\_\_\_

Substitute Instructor*	Class(es) Item#/Course #	Class Time	Date(s)	Number of Class Hours	Human Resources Use Only	
					Rate	Total

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## Step 2 - - Approval

(To be completed by Vice President's Office)

Account No: \_\_\_\_\_ - - - -

FTE-F \_\_\_\_\_

Instruction

Payment Mode: \_\_\_\_\_

Hours \_\_\_\_\_

Research

Administration

Signature: \_\_\_\_\_  
(Assoc. Dean for Academic Affairs)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Vice President for Academic Affairs)

Date: \_\_\_\_\_

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## Step 3 - - Payment

(To be completed by Human Resources)

Payroll schedule _____	Social Security Number _____			
	Name _____			
<b>PS1002</b>	<u>Payment/Deduction</u>			
JOB #	ACCT CODE	RATE AMOUNT	EARN TYPE	TIME

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