

## ESL TEACHER SUBSTITUTION PAY FORM

1. EMPLOYEE NAME							2. EMPLOYEE ID (800#)					3. PAYROLL ID / NUMBER <div style="text-align: right;">▼</div>				
4. EMPLOYEE TITLE							5. DEPARTMENT CONTACT NAME/NUMBER									
6. EXTRA DUTY ASSIGNED							7. DEPARTMENT <div style="text-align: right;">▼</div>									
8. WEEK 1 - BEGIN DATE		WEEK 1					WEEK 2					TOTAL HOURS				
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE		WED	THU	FRI	SAT
9. HRS																0.00
10. RATE OF TEACHER SUB PAY			11. REASON FOR TEACHER ABSENCE													
12. TEACHER EXPECTED RETURN DATE																
I hereby certify that the time recorded above is complete and correct, and that I have agreed to the rates established on the approved authorization form.																
13. EMPLOYEE SIGNATURE											14. DATE					
I hereby certify that the extra duty time recorded above is complete and correct, and that this Department/Division has agreed to the rates established on the approved authorization form.																
15. SIGNATURE OF FISCAL OFFICER											16. DATE					
17. SIGNATURE OF DEAN OR DIRECTOR											18. DATE					
19. SIGNATURE OF CHANCELLOR OR VICE CHANCELLOR											20. DATE					
21. SIGNATURE OF HUMAN RESOURCES OFFICER											22. DATE					
23. SIGNATURE OF GRANTS OFFICE APPROVER											24. DATE					