

## CDA for CDS SUBSTITUTION PAY FORM

1. EMPLOYEE NAME							2. EMPLOYEE ID (800#)				3. PAYROLL ID / NUMBER			
4. EMPLOYEE TITLE							5. DEPARTMENT CONTACT NAME/NUMBER							
6. EXTRA DUTY ASSIGNED							7. DEPARTMENT							
8. WEEK 1 - BEGIN DATE		WEEK 1						WEEK 2						TOTAL HOURS
		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	
9. HRS														
10. RATE OF CDA SUB PAY				11. REASON FOR CHILD DEVELOPMENT SUPERVISOR (CDS) ABSENCE								TOTAL COMPENSATION		
12. CDS 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 CENTER COORDINATOR/SUPERVISOR											16. DATE			
17. SIGNATURE OF FISCAL OFFICER/DIRECTOR											18. DATE			
19. SIGNATURE OF DEAN OR DIRECTOR											20. DATE			
21. SIGNATURE OF GRANTS OFFICE APPROVER											22. DATE			
23. SIGNATURE OF CHANCELLOR OR VICE CHANCELLOR											24. DATE			
25. SIGNATURE OF HUMAN RESOURCES/PAYROLL OFFICER											26. DATE			