

Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

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		FRI	SAT
9. HRS																
10. RATE OF TEACHER SUB PAY				11. REASON FOR TEACHER ABSENCE												
12. TEACHER EXPECTED TO 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				

**\* PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**