

SUBSTITUTION PAY REQUEST

Name of **ABSENT** full-time faculty: _____

Discipline substituted (check one):

- | | | | | |
|-------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> ACCT | <input type="checkbox"/> CS | <input type="checkbox"/> FIN | <input type="checkbox"/> MARK | <input type="checkbox"/> PL |
| <input type="checkbox"/> ARCH | <input type="checkbox"/> C & CR | <input type="checkbox"/> FIRE | <input type="checkbox"/> MATH | <input type="checkbox"/> REAL |
| <input type="checkbox"/> AVIA | <input type="checkbox"/> ECON | <input type="checkbox"/> GCMT | <input type="checkbox"/> MET | |
| <input type="checkbox"/> BADM | <input type="checkbox"/> EET | <input type="checkbox"/> HOSP | <input type="checkbox"/> MIT | |
| <input type="checkbox"/> CART | <input type="checkbox"/> ENGR | <input type="checkbox"/> LAWE | <input type="checkbox"/> OADM | |

Name of **SUBSTITUTE** faculty: _____

SUBSTITUTE faculty's social security no.: _____

SUBSTITUTE faculty's home address: _____

Date(s) Substitution	Course #	Section #	Time (s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Reason for absence (check one):

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Approved Personal Leave | <input type="checkbox"/> Approved Travel |
| <input type="checkbox"/> Other | <input type="checkbox"/> College Business | |