

**California Polytechnic State University  
Substitute Instructional Faculty (2356)  
Payment Request Form**

**SUBSTITUTE FACULTY DATA**

Full Name:	_____	Empl ID:	_____
College:	_____	Org Unit:	_____
Department:	_____	Dept ID:	_____
Rank/Range:	_____		

**SUBSTITUTION DETAILS**

Course Substituting For: \_\_\_\_\_

Person Substituting For: \_\_\_\_\_

Reason for Substitution: \_\_\_\_\_

Quarter of Substitution: \_\_\_\_\_

Substitution Start Date\*: \_\_\_\_\_ Substitution End Date\*: \_\_\_\_\_

\*A separate payment request is required for each pay period.

**SUBSTITUTE PAY CALCULATION**

**SUBSTITUTE INSTRUCTIONAL FACULTY (2356) RANGE:**

LECTURE Substitution Hourly Rate:	_____
Enter Total LECTURE Hours:	_____
LECTURE Substitution Pay:	_____
LAB Substitution Hourly Rate:	_____
Enter Total LAB Hours:	_____
LAB Substitution Pay:	_____
Total Substitution Pay:	_____

**SIGNATURES**

Requested By:	_____	_____
	Department Head/Chair Signature	Date

I hereby certify that this employee is entitled to payment for the hours requested.

Approved By:	_____	_____
	Dean Signature	Date

**FOR ACADEMIC PERSONNEL USE ONLY**

Entered By:	_____	Date Completed:	_____
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