Collin College Substitute Payment Form

Substitute Name: ___________________________ CWID: ________________ (One Substitute per form)

- PT Staff
- PT Faculty

Schedule Approval Required For:

- FT Faculty
- FT Staff

[ ] This extra service assignment as a substitute will not be performed during the normal work schedule of the employee’s full-time assignment. Therefore, no schedule adjustment is necessary.

[ ] This extra service assignment as a substitute is performed during the normal work schedule of the employee’s full-time assignment. Shown below are the adjusted hours I have approved for the employee to work in order to avoid duplicate pay for the same time period.

- FT Nonexempt Staff: (Hours may not be reported on FT time sheet)

Total Hours on this Substitute form: _____________________________

Dates and Times for adjusted weekly work schedule of primary assignment: _______________________________________________________

Approved: ____________________________

Dean/Supervisor of Primary Assignment Date

Contracted Faculty Name: ___________________________ CWID: ________________ Department Name: ___________________________

Dates Substituted: ___________________________ Cost Center: ___________________________

Course/Section No: ___________________________ Begin/End Class Time: ___________________________

For Human Resources Use Only

For Payroll Use Only

POS# EARNING CODE: 025 DIV. DEPT. UNIT

Dates Substituted: ___________________________ Cost Center: ___________________________

Course/Section No: ___________________________ Begin/End Class Time: ___________________________

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For Payroll Use Only

POS# EARNING CODE: 025 DIV. DEPT. UNIT

Dates Substituted: ___________________________ Cost Center: ___________________________

Course/Section No: ___________________________ Begin/End Class Time: ___________________________

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For Payroll Use Only

POS# EARNING CODE: 025 DIV. DEPT. UNIT

Approval: Dean/Director Date

Supervisor Signature Date

Approval: Human Resources Date