



COLLIN COUNTY COMMUNITY COLLEGE  
SUBSTITUTE PAYMENT FORM

SUB

Date: \_\_\_\_\_ Department Name: \_\_\_\_\_

\*Substitute Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Contracted Faculty Name: \_\_\_\_\_ CWID: \_\_\_\_\_

**FullTime hours missed have to be submitted and approved in TimeClock Plus: Yes**

Dates Substituted: _____	Position No-Suffix: _____	Org-Account: _____
Course/Section No:	Begin/End Class Time:	
For Human Resources Use Only		

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Approval: Dean/Director \_\_\_\_\_

Approval: Human Resources \_\_\_\_\_