

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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Dates Substituted: _____ Cost Center: _____

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

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POS# EARNING CODE: 025 DIV. DEPT. UNIT

Substitute Signature _____ Date _____

Approval: Dean/Director _____ Date _____

Supervisor Signature _____ Date _____

Approval: Human Resources _____ Date _____