DAWSON COLLEGE

Substitution Pay Request Form

SECTION A: TO BE COMPLETED BY THE SUBSTITUTE

Fill out one (1) form per pay period, per teacher being replaced. If the substitute is not a current employee of the College, please ensure that all pertinent payroll information (social insurance number, contact and banking information) are submitted to Payroll.

Name of the Substitute:
LEGAL NAME AS IT APPEARS ON YOUR SIN CARD

Last Name: _____

First Name: _____

Employee no.: _____

Date of Substitution	Course Number	Section no.	No. of Hours

Total Hours _____

Substitute's Signature: _____

Date: _____

SECTION B: TO BE COMPLETED BY THE DEPARTMENT CHAIR/COORDINATOR

Substitution pay will be authorized only when accompanied by a Certificate of Absence or when a Professional leave has been approved.

Teacher being replaced: _____

Department: _____ **Budget Code:** _____ - _____ - ___ - _____

Reason for absence: _____

Certificate of Absence attached ◯

Professional leave authorized ◯

Authorized By: _____ **Date:** _____
DEPARTMENT CHAIR / COORDINATOR

_____ **Date:** _____
DEAN

FOR PAYROLL USE ONLY

Employee no.: _____ **Pay Date:** _____

Fonc.	Seq.	Total Hours	Entered by	Verified by