

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.

LEGAL NAME AS IT APPEARS ON SIN CARD	Last Name: First Name: Employee #:		
ubstitute's Signature:		Total Hours	
Date:			
ECTION B: COMPLETED BY THE	DEPARTMENT CHAIR/COORDINATO		
ECTION B: COMPLETED BY THE Teacher being replaced:	DEPARTMENT CHAIR/COORDINATO		
ECTION B: COMPLETED BY THE Teacher being replaced: Department:	DEPARTMENT CHAIR/COORDINATO	 Certifica	te of Absence attached
ECTION B: COMPLETED BY THE Teacher being replaced: Department: Reason for absence:	DEPARTMENT CHAIR/COORDINATO	 Certifica Profession	te of Absence attached
ECTION B: COMPLETED BY THE Teacher being replaced: Department: Reason for absence:	DEPARTMENT CHAIR/COORDINATO	 Certifica Profession	te of Absence attached onal Leave Authorized
ECTION B: COMPLETED BY THE Teacher being replaced: Department:	DEPARTMENT CHAIR/COORDINATO Budget Code: DEPARTMENT CHAIR/COORDINATOR DEAN FOR PAYROLL USE ONLY	Certifica Profession Date: Date:	te of Absence attached onal Leave Authorized