

SUBSTITUTION PAY REQUEST FORM

NAME OF SUBSTITUTE: _____ (LEGAL NAME AS IT APPEARS ON YOUR SIN CARD)

LAST NAME: _____

FIRST NAME: _____

EMPLOYEE #: _____

If the substitute is not currently an employee of the College, please ensure that all pertinent payroll information is provided (social insurance number, contact information, banking)

DATE	COURSE NUMBER	HOURS TAUGHT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL HOURS PAYABLE: _____

SIGNATURE OF SUBSTITUTE: _____

TO BE COMPLETED BY CHAIRPERSON/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: _____ Dept.: _____

Reason for substitution: _____

Certificate of Absence attached Budget code _____

Professional Leave authorized

Authorized by: _____ & _____

Chairperson/Coordinator Dean

_____ _____

Date Date

EMPL # _____		RESERVED FOR PAYROLL	PAYDATE _____
Fonc _____	Seq. _____	Total Hours _____	Initials
__ / __ / __	__ / __ / __	_____	_____