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 SIN CARD

Last Name: _____

First Name: _____

Employee #: _____

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

Total Hours 0.00

Substitute's Signature: _____

Date: _____

SECTION B: COMPLETED BY THE DEPARTMENT CHAIR/COORDINATOR

Teacher being replaced: _____

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

Reason for absence: <Select a Reason for Absence>

Certificate of Absence attached ☐

Professional Leave Authorized ☐

Authorized By: _____
DEPARTMENT CHAIR/COORDINATOR

Date: _____

_____
DEAN

Date: _____

FOR PAYROLL USE ONLY

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

Fonc.	Seq.	Total Hours	Scolarité	Entered by	Verified by