

Departments: \_\_\_\_\_

**COLUMBUS STATE**  
COMMUNITY COLLEGE

FULL-TIME FACULTY (FTF)  
ADJUNCT FACULTY (AF)  
ANNUALLY CONTRACTED  
FACULTY (ACF)

Locations: \_\_\_\_\_

**SUBSTITUTE PAY ONLY**

EMPLOYEE NAME \_\_\_\_\_ COLLEAGUE ID \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ACCNT NO. \_\_\_\_\_

DATE / TIME	COURSE NUMBER	SUBSTITUTING FOR	REASON	HOURS

**TOTAL HOURS** \_\_\_\_\_

Select the applicable pay rate from the dropdown menu and then hit enter. **PAY RATE:** \_\_\_\_\_

**TOTAL COST** \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**HR/PAYROLL USE ONLY**

**PAY DATE:** \_\_\_\_\_

Send Form to:  
leaverequest@cscce.edu

Processed by \_\_\_\_\_