Departments:

Accounting

Locations:

COLUMBUS STATE COMMUNITY COLLEGE

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

SUBSTITUTE PAY ONLY

EMPLOYEE NAME _____ **COLLEAGUE ID** _____

DEPARTMENT _____ **ACCNT NO.** _____

DATE / TIME	COURSE NUMBER	SUBSTITUTING FOR	REASON	HOURS
			TOTAL HOURS	0

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

TOTAL COST $ 0.00

Supervisor's Signature _____ Date_____

Administrator's Signature _____ Date _____

HR/PAYROLL USE ONLY

PAY DATE:

Rev. 09/10/2019

Send Form to:
leaverequest@cscc.edu

Processed by _____