COLUMBUS STATE
COMMUNITY COLLEGE

SUBSTITUTE PAY ONLY

EMPLOYEE NAME   **COUGAR ID**   **FACULTY TYPE**

DEPARTMENT   **LOCATION**

DATE	TIME IN	TIME OUT	COURSE NUMBER	SECTION NUMBER	SUBSTITUTING FOR	HOURS

TOTAL HOURS

Select the applicable pay rate from the drop-down menu and then hit enter. **PAY RATE**

TOTAL COST

APPROVALS

After Administrator signs, please *Submit* to Human Resources.
Email to: *hrcoordinators@cscc.edu* or click the *Submit* button

SUPERVISOR'S SIGNATURE   **DATE**   **CHAIRPERSON'S SIGNATURE**   **DATE**

FOR HR USE ONLY

PAY DATE   **PROCESSED BY**