



## EMPLOYEE SUBSTITUTION FORM

**SUBSTITUTE EMPLOYEE:** \_\_\_\_\_

**Employee absentee report or travel application on absentee employee has been submitted.**

**Employee absentee report is attached.**

**REASON FOR SUBSTITUTION:** \_\_\_\_\_

DATE SUBSTITUTED	SUBSTITUTED FOR	COURSE, PROGRAM, OR EMPLOYEE TITLE	LOCATION	NO. HOURS

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

\_\_\_\_\_  
Signature (Off Campus Director, Day Care Director, Division Chair)

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE**

_____	X	\$ _____	=	\$ _____	Acct. No. _____	Amount \$ _____
Total Hours		Rate/Hour		Total Pay	Acct. No. _____	Amount \$ _____
					Acct. No. _____	Amount \$ _____

**Employee absentee report or travel application on absent employee has been verified.**

\_\_\_\_\_  
Supervisor (Printed Name)

\_\_\_\_\_  
Date