



**APPOINTMENT OF SUBSTITUTE FACULTY
HR 105D**

NAME: _____ **SFSU ID #:** _____

ADDRESS: _____ **Telephone#:** _____

Name Of Employee To Be Replaced	Date	Reason for Absence	Course Number and Section	No of Hours @ (or Units)	Rate of Pay (see below)	Daily Total
1.				@ \$	\$	
2.				@ \$	\$	
3.				@ \$	\$	
4.				@ \$	\$	
5.				@ \$	\$	
6.				@ \$	\$	
7.				@ \$	\$	
8.				@ \$	\$	
9.				@ \$	\$	
TOTAL					\$	

SUBSTITUTE RATE OF PAY		HOURLY RATE	
Charge to COLLEGE ACCOUNT #:	Pay Level Recommended*	Laboratory/ Activity Class	Lecture Class
	A Asst/Instructor <input type="checkbox"/>	\$44.00/hr.	\$66.00/hr.
	B Asst Professor <input type="checkbox"/>	\$46.00/hr.	\$68.00/hr.
	C Assoc Prof/Prof <input type="checkbox"/>	\$48.00/hr.	\$71.00/hr.
<small>* Attach supporting documentation</small>			

Recommended: _____ **Chair** _____ **Date** *

Approved: _____ **Dean** _____ **Date** *

Approved for Payment: _____ **Payroll Specialist** _____ **Date** *

Note 1: For each new appointment, submit no later than the first day of the new pay period to the Office of Human Resources, ADM 252

Note 2: If the substitute teacher has not been appointed as a substitute during the current Academic Year, please attach a Biographical Information #PF 002-A, Oath of Allegiance #STD 689, Employee Action Request (EAR) #STD 686, Designee Form #STD 243. NOTE: IRCA I-9 Immigration form must be completed and retained in Department.