

APPOINTMENT OF SUBSTITUTE FACULTY HR 105D (Job Code 2356)

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.				C	9\$	\$	
2.				@\$		\$	
3.				@\$		\$	
4.				@\$		\$	
5.				@\$		\$	
6.				C	9\$	\$	
7.				C	9\$	\$	
8.				0	9\$	\$	
9.				0	9\$	\$	
				٦	TOTAL	\$	
SUBSTITUTE RAT	HOURLY RATE						
Charge to	Pay Level Recommended*		Activity Class \$49.00/hr. \$ \$51.00/hr. \$		Leo	ecture Class \$72.00/hr.	
COLLEGE ACCOUNT #:	A <u>Asst/Instructor</u>				\$7		
					\$74.00/hr.		
	C Assoc Prof/Prof				\$78.00/hr.		
	*Attach supporti						
Recommended:	Chair					* Date	
Approve <u>d:</u>	Chair					Date *	

Date

Approved for Payment: Payroll Specialist

Dean

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.

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