



APPOINTMENT OF SUBSTITUTE FACULTY AND PAYMENT VOUCHER

*Job Code 2356 - This appointment may not exceed 20 calendar days
from the start to the end of the appointment*

TO BE COMPLETED BY HIRING DEPARTMENT

Form Completed By :	Phone Number :
----------------------------	-----------------------

Appointment

(as seen on Social Security Card)

Employee Name:	Empl ID:	Empl Rec #:
Department Name:	Department #:	Payroll Unit #:

Pay Period	Month:	Year:
-------------------	---------------	--------------

Hours of work on these days of the month (show hours of classroom work only):

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30

31 Note there is a minimum hourly rate; information is available in the [CSU Salary Schedule](#)

Range:	Hourly Rate:	Total Hours:	Total Payment this pay period:
---------------	---------------------	---------------------	---------------------------------------

	Within each range, there are two pay rates (Choose the appropriate one for the course) please use the CSU Salary Schedule : For Lecture Courses Course #: For Laboratory Courses Course #:				
Range as a Lecturer	2	3	4	5	
Range as a Substitute Faculty	1	2	3	3	

DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds

Account	Fund	Finance Dept.	Project/Grant	Amount to be paid	% of distribution
601100					
601100					
601100					

Program / Class / Comments:

TO BE COMPLETED BY THE SUBSTITUTE FACULTY – This voucher reports hours of work performed in this appointment during this pay period

This position is considered a “mandated reporter” under the California Child Abuse and Neglect Reporting Act and is required to comply with the requirements set forth in CSU Executive Order 1083 as a condition of employment.

Print Name:	Date:
Signature:	

If you would like your payment mailed to you, submit a self-addressed, postage paid stamped envelope to Payroll and Benefits.

TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR

Print Name:	Date:
Signature:	

FACULTY AFFAIRS USE ONLY

Approved and Keyed into PeopleSoft:	Date:
This Pay Voucher Sent to Financial Services	Date:
Copy Sent to Financial Services	Date:

A copy of this document will be filed in the faculty member’s Personnel Action File

Submit to: [Temporary Faculty Employment Specialist](#)