



PayVoucherfor SubstituteInstructors

Substitute:	SFD#:
SubstitutingFor:	SFD#:
Comment:	Date:

Date	CourseTitle	CourseNumber & SectionNumber	CourseTime	CourseDays	Actual Minutes Taught

Typeof Leave: _____

PayrollAccountNumber: _____

AdditionalClarification: _____

TotalAmount:\$ _____ Tobe determinedby the Chairperson/Director accordingto the current salaryschedule.	I herebycertify that the aboveis a true statementof the hoursworked.	
	_____	_____
	Coordinator if applicable	Date
_____	_____	
Chairperson/Director	Date	