CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

**SUBSTITUTE FACULTY VOUCHER**

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EMPLOYEE ID FIRST NAME M.I. LAST NAME

|  |  |  |
| --- | --- | --- |
| Address: | Salary Type |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Lecture Rate |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Chartfield# | Lab Rate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | Lab Rate: |  |

|  |  |  |  |  |
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| Position# |  |  | Pay Period |  |

SUBSTITUTE FOR

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LECTURES | | | | | | LABORATORIES | | | | | |
| D | NO. HOURS WORKED | | D | NO. HOURS WORKED | | D | NO. HOURS WORKED | | D | NO. HOURS WORKED | |
| A  T  E | WHOLE  HOURS | 10ths | A  T  E | WHOLE  HOURS | 10ths | A  T  E | WHOLE  HOURS | 10ths | A  T  E | WHOLE  HOURS | 10ths |
| 1 |  |  | 16 |  |  | 1 |  |  | 16 |  |  |
| 2 |  |  | 17 |  |  | 2 |  |  | 17 |  |  |
| 3 |  |  | 18 |  |  | 3 |  |  | 18 |  |  |
| 4 |  |  | 19 |  |  | 4 |  |  | 19 |  |  |
| 5 |  |  | 20 |  |  | 5 |  |  | 20 |  |  |
| 6 |  |  | 21 |  |  | 6 |  |  | 21 |  |  |
| 7 |  |  | 22 |  |  | 7 |  |  | 22 |  |  |
| 8 |  |  | 23 |  |  | 8 |  |  | 23 |  |  |
| 9 |  |  | 24 |  |  | 9 |  |  | 24 |  |  |
| 10 |  |  | 25 |  |  | 10 |  |  | 25 |  |  |
| 11 |  |  | 26 |  |  | 11 |  |  | 26 |  |  |
| 12 |  |  | 27 |  |  | 12 |  |  | 27 |  |  |
| 13 |  |  | 28 |  |  | 13 |  |  | 28 |  |  |
| 14 |  |  | 29 |  |  | 14 |  |  | 29 |  |  |
| 15 |  |  | 30 |  |  | 15 |  |  | 30 |  |  |
|  |  |  | 31 |  |  |  |  |  | 31 |  |  |
|  |  |  | 1 |  |  |  |  |  | 1 |  |  |
|  |  |  |  |  |  |  |  | Total  Hours | |  |  |

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Signature of Employee Signature of Supervisor

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Signature of Dean Academic Affairs Approval

Distribution: Dean, Department, Faculty Affairs, Payroll FA 5/9/2012