

CALIFORNIA STATE POLYTECHNIC UNIVERSITY, POMONA

SUBSTITUTE FACULTY VOUCHER

EMPLOYEE ID _____ FIRST NAME _____ M.I. _____ LAST NAME _____

Address: _____ Salary Type _____

_____ Lecture Rate _____

Chartfield# _____ Lab Rate _____

Position# _____ Pay Period _____

SUBSTITUTE FOR _____

LECTURES						LABORATORIES					
DATE	NO. HOURS WORKED		DATE	NO. HOURS WORKED		DATE	NO. HOURS WORKED		DATE	NO. HOURS WORKED	
	WHOLE HOURS	10ths		WHOLE HOURS	10ths		WHOLE HOURS	10ths		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		
							Total Hours				

Signature of Employee

Signature of Supervisor

Signature of Dean

Academic Affairs Approval