

**APPENDIX H**

**FACULTY SUBSTITUTION FORM**

(Required only for overload pay request)

Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

Department \_\_\_\_\_

Date and Time of Substitution \_\_\_\_\_

Campus Location of Substitution \_\_\_\_\_

Course Number \_\_\_\_\_ Section \_\_\_\_\_

Regular Instructor \_\_\_\_\_

Date and Time of Additional Service  
(Beyond the thirty-five hour work week  
as defined in Article 9) \_\_\_\_\_  
\_\_\_\_\_

Nature of Additional Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Faculty Member \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A COPY OF FACULTY SCHEDULE FORM (APPENDIX C)**