

**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 Faculty Member _____

Date, Day, 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 B1)