



SUBSTITUTE INSTRUCTOR FORM

SUBSTITUTE NAME _____

SUBSTITUTE SVA ID # _____

SUBSTITUTE PHONE and EMAIL _____

SUBSTITUTE ADDRESS _____

	COURSE #	INSTRUCTOR	DATE	TIME	CODE
1.					
2.					
3.					
4.					

REASON CODES:

- A. Professional Development
- B. Illness

- C. Religious Observance
- D. Death in Family
- E. Jury Duty

- F. Other (specify):

All forms must be signed by the Department Chair before being processed. FIRST TIME substitutes must attach a completed W-9 Form (see the back of this form, or obtain one from the Office the Registrar or your Academic Department). Return completed forms to the Office of the Registrar.

Signature (SUBSTITUTE)

Date

Signature (DEPARTMENT CHAIR)

Date

PAYROLL OR ACCOUNTS PAYABLE USE ONLY: GL# _____ - 6008		
Hourly Rate _____	Number of Hours _____	= Amount Due _____