

Substitute Instructor Form



Registrar • School of Visual Arts
209 East 23rd Street, New York, NY 10010-3994
p212.592.2200 • f 212.592.2069
registrar@sva.edu

Substitute Name

Substitute SVA Id#

Substitute Phone

Substitute Email

Substitute Address

No.	Course#	Instructor	Date	Time	Code
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1

2

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REASON CODES

- A. Professional Development C. Religious Observance E. Jury Duty
B. Illness D. Death in Family 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