

**APPOINTMENT OF SUBSTITUTE FACULTY AND PAYMENT VOUCHER**

*Job Code 2356 - This appointment may not exceed 20 calendar days from the start to the end of the appointment*

**TO BE COMPLETED BY HIRING DEPARTMENT**

Form Completed By : \_\_\_\_\_ Phone Number : \_\_\_\_\_

**Appointment**

(as seen on Social Security Card)  
Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_ Empl Rec #: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department #: \_\_\_\_\_ Payroll Unit #: \_\_\_\_\_

Pay Period \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Hours of work on these days of the month (show hours of classroom work only):

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

31 Note there is a minimum hourly rate; information is available in the [CSU Salary Schedule](#)

Range: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Total Hours: \_\_\_\_\_ Total Payment this pay period: \_\_\_\_\_

|                               |  |  |  |  |   |   |   |   |  |
|-------------------------------|--|--|--|--|---|---|---|---|--|
| Range as a Lecturer           |  |  |  |  | 2 | 3 | 4 | 5 | Within each range, there are two pay rates (Choose the appropriate one for the course) please use the <a href="#">CSU Salary Schedule</a> :<br>For Lecture Courses Course #:<br><br>For Laboratory Courses Course #: |
| Range as a Substitute Faculty |  |  |  |  | 1 | 2 | 3 | 3 |  |
|                               |  |  |  |  |   |   |   |   |  |

**DISTRIBUTION OF LABOR COST – Complete if using account other than department operating funds**

| Account | Fund | Finance Dept. | Project/Grant | Amount to be paid | % of distribution |
|---------|------|---------------|---------------|-------------------|-------------------|
| 601100  |      |               |               |                   |                   |
| 601100  |      |               |               |                   |                   |
| 601100  |      |               |               |                   |                   |

Program / Class / Comments: \_\_\_\_\_

**TO BE COMPLETED BY THE SUBSTITUTE FACULTY – This voucher reports hours of work performed in this appointment during this pay period**

*This position is considered a “mandated reporter” under the California Child Abuse and Neglect Reporting Act and is required to comply with the requirements set forth in CSU Executive Order 1083 as a condition of employment.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*If you would like your payment mailed to you, submit a self-addressed, postage paid stamped envelope to Payroll and Benefits.*

**TO BE COMPLETED BY HIRING DEPARTMENT APPROPRIATE ADMINISTRATOR**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**FACULTY AFFAIRS USE ONLY**

Approved and Keyed into PeopleSoft: \_\_\_\_\_ Date: \_\_\_\_\_

This Pay Voucher Sent to Payroll \_\_\_\_\_ Date: \_\_\_\_\_

Copy Sent to Financial Services \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this document will be filed in the faculty member’s Personnel Action File

Submit to: [fappoint@sonoma.edu](mailto:fappoint@sonoma.edu)