



Office of  
Faculty Affairs

## 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

<b>Form Completed By :</b>	<b>Phone Number :</b>
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### Appointment

(as seen on Social Security Card)		<b>Empl ID:</b>	<b>Empl Rec #:</b>
<b>Employee Name:</b>	<b>Department Name:</b>	<b>Department #:</b>	<b>Payroll Unit #:</b>

<b>Pay Period</b>	<b>Month:</b>	<b>Year:</b>
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### 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](#)

<b>Range:</b>	<b>Hourly Rate:</b>	<b>Total Hours:</b>	<b>Total Payment this pay period:</b>
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Range as a Lecturer</td> <td style="width: 5%;">2</td> <td style="width: 5%;">3</td> <td style="width: 5%;">4</td> <td style="width: 5%;">5</td> </tr> <tr> <td>Range as a Substitute Faculty</td> <td>1</td> <td>2</td> <td>3</td> <td>3</td> </tr> </table>	Range as a Lecturer	2	3	4	5	Range as a Substitute Faculty	1	2	3	3	<p>Within each range, there are two pay rates (Choose the appropriate one for the course) please use the <a href="#">CSU Salary Schedule</a>:</p> <p>For Lecture Courses      Course #:</p> <p>For Laboratory Courses      Course #:</p>
Range as a Lecturer	2	3	4	5							
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.*

<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

*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

<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

### 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: [Temporary Faculty Employment Specialist](#)**