



Pay Voucher for Substitute Instructors

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|-------------------|---------|
| Substitute: | SF ID#: |
| Substituting For: | SF ID#: |
| Comment: | Date: |

| Date | Course Title | Course Number & Section Number | Course Time | Course Days | Actual Minutes Taught |
|------|--------------|--------------------------------|-------------|-------------|-----------------------|
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Type of Leave: _____

Payroll Account Number: _____

Additional Clarification: _____

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|---|--|---------------|
| Total Amount: \$ _____ To be determined by the Chairperson/Director according to the current salary schedule. | I hereby certify that the above is a true statement of the hours worked. | |
| | _____ Coordinator if applicable | _____ Date |
| | _____ Chairperson/Director | _____ Date |