

**APPENDIX H
FACULTY SUBSTITUTION FORM**

(Required only for overload pay request)

Name _____

Employee ID # _____

Department _____

Date and Time of Substitution _____

Campus Location of Substitution _____

Course Number _____ Section _____

Regular Faculty Member _____

Date, Day, and Time of Additional Service
(Beyond the thirty-five hour work week
as defined in Article 9) _____

Nature of Additional Service _____

Faculty Member _____ Date _____

Immediate Supervisor _____ Date _____

ATTACH A COPY OF FACULTY SCHEDULE FORM (APPENDIX B1)