



**SUBSTITUTE FACULTY APPOINTMENT
FOR SHORT DURATION**
(20 days or fewer)

Name _____

CWID _____

Position Number for Substitute Assignment 242- -2356-912 CMS Positon Number _____

Effective Date _____ Projected End Date (not to exceed 20 days) _____

Work Location (building and room number) _____

Currently Employed at CSUF? Yes No

If Currently Employed at CSUF, Teaching Load (WTUs) Before
Substitute Assignment _____

Substitute Assignment Course Number(s) _____

Compensation Range/Rate

Ranges shown are in dollars per hour

Range 1 Asst/ Instructor \$72 Lect/ \$49 Lab

Range 2 Asst Professor \$74 Lect/ \$51 Lab

Range 3 Assoc Prof/ Professor \$78 Lect/ \$53 Lab

Total Number of Hours _____ *Hourly Rate \$ _____
(Lecture)

Compensation \$ _____
(hours x rate)

Total Number of Hours _____ *Hourly Rate \$ _____
(Lab/Activity)

Compensation \$ _____
(hours x rate)

Total Estimated Compensation \$ _____

*Refer to current salary schedule for Class Code 2356, Substitute Instructional Faculty. Rates differ for each task.

Name of faculty requiring substitute

Reason (If reason is other than illness, please attach an explanation)

Additional Comments

Note: In order for a substitute faculty member to be paid, a positive attendance report must be completed showing the actual hours worked in each pay period. It must be submitted separately from other attendance forms to Payroll Services no later than the day following the end of the pay period. For appointments spanning over multiple pay periods, a separate attendance report must be filed for each pay period. Payment is normally made on the 15th of the month following processing of the appointment.

Form Completed By: _____
Name/Extension Date

Recommended By:
Department Chair _____
Signature Date

College Dean _____
Signature Date

Forward to Human Resources, Academic Talent Management (CP – 740). Please do not obtain faculty signature until Human Resources has reviewed the offer.

Reviewed By:
HR, Academic Talent Management _____
Signature Date

I accept the appointment as specified above.

Substitute Faculty Signature _____
Signature Date



SUBSTITUTE FACULTY ESTIMATED HOURS WORKSHEET

- Please fill in the worksheet tables below with lecture and lab hours the substitute is scheduled to work.
- Submit this worksheet with the above appointment to Human Resources, Academic Talent Management after the Department Chair and College Dean have signed the form.

1st Month Worked

| | | | | | | | | | | | | | | | | |
|------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |

2nd Month Worked (if applicable)

| | | | | | | | | | | | | | | | | |
|------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |

3rd Month Worked (if applicable)

| | | | | | | | | | | | | | | | | |
|------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Date | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Lecture (Hours) | | | | | | | | | | | | | | | | |
| Lab/Prep (Hours) | | | | | | | | | | | | | | | | |

- This will be used to verify that the employee will not exceed the 20 day limitation on substitute faculty appointments per collective bargaining (Article 20.8).
- Please note that this is not a time sheet. You will need to submit a Substitute Faculty Timesheet to Payroll, Benefits, and Retirement Services when the signed appointment offer has been completed.