



**TEACHING ASSOCIATE SUBSTITUTE APPOINTMENT**  
**(To be used for TA subbing for another TA only)**

Name \_\_\_\_\_ CWID \_\_\_\_\_

Position Number for Substitute Assignment 242- \_\_\_\_\_ -2453 CMS Position Number \_\_\_\_\_

Term Effective Date \_\_\_\_\_ Term End Date \_\_\_\_\_

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_ Department Unit Number: \_\_\_\_\_

Current number of hours employed at CSUF before substitute assignment: \_\_\_\_\_

Substitute Assignment Course Number(s) \_\_\_\_\_

Total number of hours: \_\_\_\_\_ Total Compensation: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Base Pay: \_\_\_\_\_

(For 12-month appointment: annual base pay divided by 2080 hours = hourly rate)

(For AY appointments: academic work days + holidays that fall within the AY = total X 8 = hours worked if full time. Divide annual base pay by hours worked if full time = hourly rate.)

\_\_\_\_\_  
Name of teaching associate requiring substitute Reason (If reason is other than illness, please attach an explanation)

\_\_\_\_\_  
Additional Comments

Note: In order for a substitute teaching associate 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 15<sup>th</sup> 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 CP – 700. Please do not obtain faculty signature until the offer has been reviewed.**

Reviewed By: \_\_\_\_\_  
Signature Date

I accept the appointment as specified above.

Substitute Signature \_\_\_\_\_  
Signature Date



**TEACHING ASSOCIATE TIME SHEET**

Month/Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

\_\_\_\_\_ CMS Position Number: \_\_\_\_\_ Reporting Unit: \_\_\_\_\_

Record the hours the employee lectured as well as the hours spent in labs/or activity for each day worked. Time must be reported in increments no smaller than one-half hour.

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

Hours Total: \_\_\_\_\_

**RANGE CODE: \_\_\_\_\_**

0 – TEACHING ASSOCIATE

**COMPENSATION:**

Hourly Rate of Pay:	
Number of Lecture Hours:	
Total Payment Due:	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date