

Pay Voucher for Substitute Instructors

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

Date	Course Title	Course Number & Section Number	Course Time	Course Days	Actual Minutes Taught

Type of Leave: _____

Payroll Account Number: _____

Additional Clarification: _____

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