

SUBSTITUTE AUTHORIZATION FORM

This form authorizes payments for substitute time to be charged to the proper program.

Please use 1 form per employee!

Please check the box to the left of the correct budget code.

PROGRAM CHARGED:

016631___.5___
(ELO budget)

1800 27___.5___
(bldg budget)

ASB 4 _____

_____ .5___
(other)

Employee substitute is working for:

Employee Name or Extra Help Grade Level

Work Location: _____

Activity: _____

Date(s) of absence: _____

Substitute request: _____

BUDGET MANAGER APPROVAL:

Signature

Date

Submit the completed form to Substitute Services at ESC.

For substitute services use:

JOB # _____

Prof Cal Verified

No Space email sent

If you have any questions regarding the use of this form, please call
Substitute Services @ ext 8788.