

# WASHTENAW COMMUNITY COLLEGE

## Part-Time Substitution Faculty Authorization Form

Instructional Area: \_\_\_\_\_ Org \_\_\_\_\_ Prog \_\_\_\_\_ Acct: \_\_\_\_\_ Activity \_\_\_\_\_

Campus Address: \_\_\_\_\_ Campus Telephone# \_\_\_\_\_ Semester \_\_\_\_\_ 20\_\_

Department Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Member	Social Security # / ID #	Hourly Rate	Courses

Note: **Timesheets** for substitution hours must include: (1) Name of person substituted for, and (2) Course Title and Section Number. All timesheets are to be forwarded to the Dean's office for processing and then to payroll. **PT Substitution Faculty Authorization Forms** need to be turned in the Human Resources to process for pay.

REMINDER: This only needs to be filled out for New Hires that will be substituting.