

E-Leave Report for Payment of Substitutes

~ complete the fill-able form, print, sign, date, and submit to your division dean ~

1. Substitute Faculty INFORMATION

1. _____
Last name First Name
2. **CWID:** _____
3. **Date(s) of substitution:** _____
4. **Course ID/CRN** (ex: BIOL 14.03) _____
5. **Hours** _____

2. WHO DID YOU SUBSTITUTE FOR?

Absent Faculty INFORMATION Full time { } Part Time { }

1. _____
Last Name First Name
2. **CWID (if known):** _____
3. **Division** _____

Substitute Signature: _____ Date: _____

Email _____ phone # _____

For Dean's Use Only

For Payroll Use Only