California State University, Los Angeles Payment Authorization for Substitute Teacher Pay MEMORANDUM

	TO: PAYROLL DEPARTMENT	Date:
FROM (department name):		
	NAME OF CHAIRPERSON: Sig	nature:
SUBJECT: SUBSTITUTE TEACHER PAY		
	**Prepared by (first and last name):	Ext:
1.	Services Performed by (Name): Employee ID #:	PS Position #: Record #:
	Social Security Number: Substitute for The substitute is employed , was employed , never employ	Depted at CSULA.
		ed at CSOLA.
2.	REASON FOR REQUESTING SUBSTITUTE TEACHER:	
3.	Position number to be charged: GFND Class	Hourly Date: C
	Unit Class Chart Field:	Hourly Rate: \$
	Account Fund Dept ID Program	Total Payment: \$
4.	SERVICE DATES AND HOURS WORKED - INDICATE THE DATE(s) REGULAR FACULTY MEMBER WILL REPORT ON HIS/HER ABSEN PAY PERIOD IN WHICH THE ABSENCE OCCURRED:	
5.	DESCRIPTION OF SERVICES:	
	Dates of Substitution Course No. Total Hours Taught Classification	ation of Hours (Lecture or Activity/Lab)
	**Retirement System: PERS STRS Other: **Retired Annuitant: yes no **FERP: yes **Funding Source State Contract: yes no	no
6.	Approved by:	
	(Authorized Signature) Date	Ext.
	**Mandatory	0907SubsituteTeacherPay.xls

PROCEDURES:

- For Substitute Teacher Pay, college resource managers or designee should ensure
 - o All Substitute Teacher Pay forms be completed and signed by the Department Chair and Dean.
 - o PS position number that has already been entered is reflective of the appropriate class code, reporting unit and chartfield prior to submittal.
 - o List each day substituted on a separate line.
 - o Show the total amount of time worked per day (record in hours).
 - o Time must be submitted in increments of ½ hours (not less).
 - o Indicate the time worked as Lecture hours or Activity / Lab hours.
 - o A substitute teacher that has never worked for CSULA or has been away for more than one year must come to HRM for I-9 clearance.