

Faculty Absence Report/Substitute Pay Request

**Faculty Absence Report**

Today's Date  Faculty Member's Name

Y#   Full-Time Faculty  Adjunct Faculty

Division  Location

Course Number & Name

Date(s) of Absence

Reason for Absence

**Adjunct Faculty Only**

*If sick leave is being requested, please indicate the amount to be deducted from your sick leave accrual, provided a balance exists.*

*If you do not have a sick leave balance, or your sick leave balance does not cover the full amount of sick leave needed, complete the following.*

Number of Hours  Total Amount to be Deducted:   
*Multiply the number of hours by \$20/hour*

**Substitute Pay Request**

*Full-Time Faculty are not eligible for substitute pay reimbursement.  
 Substitutes must be credentialed faculty and an active employee of YC prior to assignment.*

Name of Substitute  Y#

Mailing Address  City, State, Zip

Course Number & Name

Date(s) of Substitution

**Reimbursement Requested**

Number of Hours  Total Amount to Pay:   
*Multiply the number of hours by \$25/hour*

**Dean/Associate Dean Signature & Date**

*Forward signed form to Payroll for processing & (1) copy to the Office of Instructional Support for file.*