

Fall 2018



INSTRUCTOR SUBSTITUTE FORM

Absent Instructor: _____

Employee No. : _____

Course: _____

Section #: _____

Date(s): _____

Time: _____

No. of STD hrs.: _____

Substitute Instructor: _____

Employee No.: _____

Replacement Instructor : _____

Employee No. : _____

APPROVED BY:

DEPARTMENT CHAIR: _____ **DATE:** _____

DIVISION DEAN : _____ **DATE:** _____