

PART-TIME FACULTY SUBSTITUTE TIME REPORT

Substitute Faculty (Last, First, Middle) _____

COSMO ID Number _____

DATE (MM/DD/YR)	DEPT	CRS	SEC	LOC	ORIGINAL FACULTY'S CONFIRMATION:	REMARKS	TOTAL PERIODS*
					Leave applied (specify hours)		
					Sick leave <input type="checkbox"/>		
					Professional Leave <input type="checkbox"/>		
					Leave No pay <input type="checkbox"/>		
					Other leaves: <input type="checkbox"/>		

Original Faculty Name _____ Cosmo ID # _____

Original Faculty Signature _____ Date _____

Substitute Faculty Signature _____ Date _____

Supervisor Signature _____ Date _____

NOTE:

- (i) Indicate by date the course & periods taught as a substitute.
- (ii) The original faculty must confirm the type of leave/hours applied to cover substituted time.
- (iii) Submit the substitute time report to your supervisor for approval and then to payroll for processing.
- (iv) **All forms must be submitted within the pay period when the substitute teaching occurs.**

If you have any questions check with your supervisor for assistance.

* 1 period = 55 minutes

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