

**COLLIN COLLEGE  
SUBSTITUTE PAYMENT FORM**

**Date:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Substitute Name:** \_\_\_\_\_ **CWID:** \_\_\_\_\_

**Contracted Faculty Name:** \_\_\_\_\_ **CWID:** \_\_\_\_\_

**FULL-TIME HOURS MISSED MUST BE SUBMITTED AND APPROVED IN WORKDAY**

<b>Dates Substituted:</b>	<b>Position:</b>	<b>Cost Center:</b>
<b>Course/Section No:</b>	<b>Begin/End Class Time:</b>	
<b>For Human Resources Use Only</b>		

<b>Dates Substituted:</b>	<b>Position:</b>	<b>Cost Center:</b>
<b>Course/Section No:</b>	<b>Begin/End Class Time:</b>	
<b>For Human Resources Use Only</b>		

<b>Dates Substituted:</b>	<b>Position:</b>	<b>Cost Center:</b>
<b>Course/Section No:</b>	<b>Begin/End Class Time:</b>	
<b>For Human Resources Use Only</b>		

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**Approval: Dean/Director**

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**Approval: Human Resources**