

**ANOKA-RAMSEY COMMUNITY COLLEGE  
REQUEST TO PAY A FACULTY SUBSTITUTE**

Please pay: \_\_\_\_\_  
(Name)

Substituting for: \_\_\_\_\_  
(Name)

Course(s): \_\_\_\_\_  
**(include course and section number along with course title)**

Date(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

Cost Center to Charge Pay to: \_\_\_\_\_

- No or minimal responsibilities outside the classroom (payable at hourly rate)
- Full substitute or significant responsibilities outside the classroom (payable by FTE)
- Appropriate **leave form** has been completed and submitted to **Payroll office**

\_\_\_\_\_  
Signature of Administrator                      Date                      Signature of Faculty Member                      Date  
who performed the substitute teaching

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**For HR Office Use Only:**

Cat Code **50** PCN \_\_\_\_\_ Record # \_\_\_\_ Assn Type Code **2135 2111 2120** Obj Code **0100** Earn Type **ECA**

Payment Calculation:

Annual Salary \_\_\_\_\_ / 171 = Daily Rate \_\_\_\_\_ / 7 = Hourly Rate \_\_\_\_\_

Hourly Rate x Number of hours \_\_\_\_\_ = Salary \$ \_\_\_\_\_.

No Days to be Paid \_\_\_\_\_ / No of Class Days \_\_\_\_\_ = \_\_\_\_\_ x FTE of class \_\_\_\_\_ = FTE \_\_\_\_\_ x 30 =

No of Credits \_\_\_\_\_

Date Request was Received: \_\_\_\_\_

Estimated Date of Payment: PPE Date \_\_\_\_\_ Paycheck Date \_\_\_\_\_

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**Please submit this form to the Human Resources Office**