

Del Mar College

# Full Time Faculty Absence/Substitute Report

Name: \_\_\_\_\_

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

Day Portion \_\_\_\_\_

CWID#: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ hr.

Department: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ hr.

Reason: (Check one)

Sick	Personal	Vacation	Holiday
Jury	Military	LWOP	Professional
College Closed	College Area Closed		

❖ Substitute Rate:

Class Type	Job Rate
❖ Lecture	\$17.47 per hour
❖ Lecture/Lab	\$15.29 per hour
❖ Lab	\$13.10 per hour
❖ Exam	\$ 8.74 per hour

❖ Substitute must be approved by Chairperson.  
❖ See policy A6.11.2 for extended absences past 6 days.

Employee Class(es) Missed	Date(s)	Clock Hours	Class Type (see above)	Rate (per hour)	Salary Reduction
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>Total Reduction</b>
_____
<b>Account #</b>
_____

Substitute: \_\_\_\_\_ Substitute CWID# \_\_\_\_\_

Class(es) Taught	Date(s)	Clock Hours	Class Type (see above)	Rate (per hour)	Amount Due
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>Total Pay</b>
_____
<b>Account #</b>
_____

Substitute: \_\_\_\_\_ Substitute CWID# \_\_\_\_\_

Class(es) Taught	Date(s)	Clock Hours	Class Type (see above)	Rate (per hour)	Amount Due
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<b>Total Pay</b>
_____
<b>Account #</b>
_____

**Route to Payroll through**

_____	_____
Supervisor/Chairperson	Date
_____	_____
Dean of the Division	Date

<b>Department Use only</b>
Copy to:
____ Faculty
____ Substitute