



SOLANO COMMUNITY COLLEGE DISTRICT SUBSTITUTE REPORT

MQ _____
Not MQ _____

Name of Substitute: _____ Employee ID # _____

Title of Position: _____ Name of Person Substituted for: _____

SUBSTITUTE DATE: _____

CLASSIFIED (Use this side ONLY)			FACULTY: (Use this side ONLY - Use separate forms for Reg/Hrly Load)			
			Course Name:	Section #:	___ Reg Ld ___ Hrly/Ovld	Hours:
/ /	/ /	/ /				
Date/Hrs	Date/Hrs	Date/Hrs				
			Course Name:	Section #:	___ Reg Ld ___ Hrly/Ovld	Hours:
/ /	/ /	/ /				
Date/Hrs	Date/Hrs	Date/Hrs				

TOTAL CLASSIFIED HOURS: _____

TOTAL FACULTY HOURS: _____

ACTION

Manager Approval: _____ Date: _____

Personnel Office: Sch.Plcmt.: _____ Rate: _____ Pay Code: _____ By: _____ Date: _____

Business Office: Budget Code: _____ Hours: _____ \$ _____

Budget Code: _____ Hours: _____ \$ _____

Distribution: Personnel; Division/Department; Employee.