

**San Francisco Community College District**  
**CREDIT INSTRUCTIONAL DAY-TO-DAY SUBSTITUTE REPORT [ .85 Multiplier ]**  
**FOR CREDIT LECTURE-LABORATORY - SCIENCE-RELATED DISCIPLINES ONLY**



*\*Note:* The science-related disciplines are defined as Architecture (ARCH, DSGN). Astronomy (ASTR). Biology (ANAT, BIO, BOT, GEN, M B, PHYS, ZOOL). Chemistry (CHEM), Computer Networking & Information Technology (CNIT). Earth Sciences (GEOG, GEOL, OCAN, PALE). Engineering (BTEC, CAD, ELEC, ENGN, ET, WELD), and Physics (PHYC).

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DEPARTMENT/ \_\_\_\_\_  
Last First M.I. CAMPUS

PAY PERIOD # From \_\_\_\_\_ To \_\_\_\_\_

*Time Reports not received at 33 Gough on or before the last Thursday of the pay period will not be paid until the following pay period.*

DAY OF THE WEEK	DATE OF SUBSTITUTED	TIME	NO. OF HOURS	NAME OF REGULAR CREDIT INSTRUCTOR	COURSE/SUBJECT	CAMPUS/ DEPARTMENT
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SAT.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
SUN.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
MON.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
TUES.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
WED.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
THURS.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
FRI.		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.				
<b>*TOTAL HRS</b>						

**IMPORTANT: For payment to be made, the following FOAPAL section MUST be completed.**

NO. OF HOURS	FOAPAL				
	Fund	Organization	Account	Program	Activity
			1325		C
			1325		C
			1325		C
			1325		C
	<b>* TOTAL HRS</b>				

*\*Note - Total Hrs for accounting purposes must equal Total Hours indicated for payroll purposes.*

*I hereby certify that I have performed the substitute work indicated above.*

Signed: \_\_\_\_\_  
(Substitute)

Date Filed: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Dean/Dept. Head/Program Supervisor)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_