



## San Francisco Community College District INSTRUCTIONALLY RELATED DAY-TO-DAY SUBSTITUTE REPORT (NON INSTRUCTIONAL)

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

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 FACULTY	TYPE OF SERVICE	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
			1422		
			1422		
			1422		
			1422		
	<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: \_\_\_\_\_