



Substitute Service Appointment

Forms must be saved using the following naming convention:

A EEF MM-DD-YYYY 70121 INST Last, First

EXAMPLE: A EEF 12-31-1999 70121 INST Hotzler, Russell

The only two items which change are the DATE and the NAME.

Day (DD) should be the LAST day of the month.

MONTH: _____ YEAR: _____ SEMESTER: _____

LEGAL NAME: _____
(LAST NAME) (FIRST NAME)

SS#, LAST 4 ONLY _____ NYS ID# (N-NUMBER) _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RANK/TITLE: _____ CUNYfirst (EMPL) ID: _____

DEPARTMENT/PROGRAM: _____ NEW EMPLOYEE? YES NO

ASSIGNED INSTRUCTOR	COURSE	SECTION	SUBSTITUTION DATE	HOURS

TOTAL HOURS: _____ HOURLY RATE: _____ TOTAL ENCUMBRANCE: _____

COMMENTS

Chairperson/Program Coordinator

Provost

Dean/Supervisor

Evening & Summer Sessions