



Substitute Faculty Assignment*

**Faculty employees may make informal voluntary (unpaid) substitute arrangements of short duration with a CSUMB colleague, subject to department chair approval. This form is for paid assignments only. Do not complete this form if informal arrangements have been made.*

Department: _____ Semester/Year: _____

Substituting for: _____ Start Date: _____ End Date: _____

Substitute Name: _____ Faculty ID: _____

Substitute Address: _____

Substitute Email: _____ Phone Number: _____

Reason for Substitute Assignment:

Parental leave replacement Bereavement Illness Jury Duty

Other: _____

Course(s) Assigned:

Substitute Faculty Range/Rate (check one):

Range 1(A) Lecturer A – Lecture: \$72/hour; Lab or activity: \$49/hour

Range 2(B) Assistant Professor/Lecturer B – Lecture: \$74/hour; Lab or activity \$51/hour

Range 3(C) Associate Professor/Professor/Lecturer C/Lecturer D – Lecture: \$78/hour; Lab or activity \$53/hour

Estimated number of hours: _____ Estimated total payment: _____

Job code: _____ CMS Position Number: _____

Department Chair (Print)

Department Chair (Signature)

Date

Approved by Dean: Yes No

College Dean (Print)

College Dean (Signature)

Date

University Personnel Use Only:

UP Signature: _____

Date Entered: _____

EE Record #: _____

Instructions for completing Substitute Faculty Assignment Form

For more information, please see Article 20.8 of the CFA-CSU Collective Bargaining Agreement or visit the [Substitute Faculty Assignment webpage](#). Please note:

- Substitute faculty assignments are limited to a temporary replacement of up to 20 **calendar** days. Contact the University Personnel to discuss options for longer duration replacement appointments.
- The hourly rates for Substitute Faculty Assignments include compensation for normal office hours, grading time, and prep time in relation to the course(s) taught.
- Substitute faculty must submit the Hourly Intermittent Voucher which is approved by the appropriate administrator and sent to University Personnel for processing.

Department: Enter the department name

Semester/Year: Enter the semester and year that the substitution will take place

Substituting for: Enter the name of the faculty who is being substituted.

Start Date: Enter the start date of the substitution assignment. If there is more than one class being assigned, use the earliest date.

End Date: Enter the end date of the substitution assignment. If there is more than one class being assigned, use the latest date.

Substitute Name: Enter the name of the substitute.

Employee ID#: Enter the Employee ID number of the substitute.

Address: Enter the address (street, city, state, ZIP) of the substitute.

Substitute Email: Enter the email address of the substitute.

Phone Number: Enter the phone number of the substitute.

Reason for Substitute Assignment: Check the appropriate reason box for the substitute assignment.

Course(s) Assigned: Enter the course and section number of the course(s) being assigned to the substitute.

Substitute Faculty Range/Rate: Check the appropriate rate for the substitute.

Estimated number of hours: Enter an estimate of the total number of hours that the substitute will work. Please include office hours, grading, and prep time in this estimation.

Estimated total payment: Enter the calculation of the estimated number of hours times the appropriate rate.

Job code: Enter 2356

CMS Position Number: Enter the appropriate position number for this appointment.

Form Routing

1. Faculty employee routes form to Department Chair for signature.
2. **Department Chair Print/Signature:** Department Chair signs and forwards to College Dean.
3. **Dean Print/Signature:** Dean signs and forwards to University Personnel with copy to faculty employee and Department Chair.
4. **University Personnel:** Enter appointment in CMS and file form in substitute's file.