

## Hiring Authorization Form for Paid Substitution

For extended periods of time or in cases where paid substitute instructors are required. In recognition of the contribution of RPT/ICAs who may be qualified to take on these assignments, we ask that you request substitution using this form.

**Forwarding Route: Faculty Member > Division Chair > VP Academic and Research > Academic Affairs Officer**

**Name of Faculty:** \_\_\_\_\_

**Date(s) of classes requested for substitution:** \_\_\_\_\_  
(must be 3 weeks before request)

**Course Code and Title:** \_\_\_\_\_

- One half-day  
 Two half-days

**Reason for time away from University:** \_\_\_\_\_

\_\_\_\_\_

**Rationale/Work Assignment (What is required?) Be as specific as possible.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of recommended faculty substitute:** \_\_\_\_\_  RPT or  ICA

**Current Rate of Pay for a RPT/ICA faculty substitute is \$218.25 per half-day.**

**Total number of half-days:** \_\_\_\_\_ **Total Payment: \$** \_\_\_\_\_

**Budget Account:**

Department: \_\_\_\_\_ Budget Account#: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval:**

Division Chair/Director \_\_\_\_\_ Date: \_\_\_\_\_

VP Academic & Research \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources \_\_\_\_\_ Date: \_\_\_\_\_

VP Finance & Admin \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_