

# BAKERSFIELD COLLEGE

## Verification of Substitute Teaching Or Proctoring for Pay

Please use a different form for EACH substitute. This form is to be completed in the departmental office immediately following the substitution and submitted to the Human Resources Office for payment.

Account Number \_\_\_\_\_

Substitute's Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Regular Instructor's Name \_\_\_\_\_

DATE	DAY OF WEEK	COURSE	TIME OF CLASS MEETING	NUMBER OF HOURS WORKED
TOTAL NUMBER OF HOURS				

Type of Substitution (check one):

\_\_\_\_\_ Teaching Substitute

\_\_\_\_\_ Proctor

*See reverse for Bakersfield College faculty substitution procedure*

*For Administrative Use Only*

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Instructional Dean                                      Date