


COLLEGE *for* CREATIVE STUDIES

PAYROLL SUBSTITUTE/ONE TIME PAYMENT FORM

TO BE USED ONLY FOR ACTIVE CCS EMPLOYEES

PAYMENT TYPE: ONE-TIME PAYMENT ☐ SUBSTITUTE ☐
LECTURE/VISITING ARTIST ETC PROCEED TO SECTION 2

SECTION 1 – ONE TIME PAYMENT

PAYMENT REQUESTED BY:

REASON FOR PAYMENT:

DEPARTMENT:

FUND: BUDGET CENTER: ACCOUNT #:

EMPLOYEE NAME:

ACTUAL WORK DATE:

ACTUAL NUMBER OF HOURS WORKED:

TOTAL PAYMENT AMOUNT:

SECTION 2 – SUBSTITUTE PAYMENT/DEDUCTION

PERSON SUBMITTING:

COURSE SECTION:

COURSE INSTRUCTOR: ADJUNCT: ☐ FULL-TIME FACULTY: ☐

SUBSTITUTE DATE(S):

SUBSTITUTE INSTRUCTOR: ADJUNCT: ☐ FULL-TIME FACULTY: ☐

ADDITIONAL DETAILS:

STUDIO: ☐ LECTURE: ☐

AUTHORIZED SIGNER:

PAYROLL SIGN OFF: