Community College of Aurora
ASPIRE | EXPLORE | ACHIEVE

Substitute Teaching
Pay Authorization

Name _____ S# _____
PRINT Last First

ORG/FOAP _____ Semester & Year _____

Class Substitution For (include prefix, course number & section number) & CRN:

_____

Instructor of Record: _____

Is Instructor of Record a FT Faculty Member? ❑ Yes ❑ No

Date of Substitution: _____

Only one substitution per form

Payee Signature _____ Date _____

Cost Center Administrator _____ Date _____