

RANDOLPH COMMUNITY COLLEGE FACULTY SUBSTITUTION FORM

Instructor: _____
(Please Print)

Term: _____ Semester: _____

Date(s) of Absence: _____ Hours Missed: _____

This form is to be completed by **all** faculty members who will be unable to meet scheduled classes due to personal illness, workshops, conferences, or leave. Please check with your colleagues and obtain their agreement to meet your classes, asking them to sign the Faculty Substitution Form next to the name of the course they will meeting. Instructions about class activities and assignments should be made available to the substitute at the earliest possible date.

THE APPROPRIATE DEPARTMENT HEAD, ASSOCIATE DEAN, AND DEAN MUST APPROVE THIS FORM BEFORE THE ABSENCE OF AN INSTRUCTOR IS APPROVED.

Course # and Section #	Room	Day(s)	Time(s)	Does Substitute want to be paid for these hours?	Substitute's Printed Name and Signature

Reason: _____

Signature of Instructor: _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of Associate Dean: _____ Date: _____

Signature of Dean: _____ Date: _____

**Please submit this form to the
Assistant Registrar for Curriculum Reporting**