Yavapai COLLEGE All In

Faculty Absence Report/Substitute Pay Request

Faculty Absence Report

Today's Date | Faculty Member's Name

Y# | ◯ Full-Time Faculty | ◯ Adjunct Faculty

Division | Location

Course Number & Name

Date(s) of Absence

Reason for Absence

Adjunct Faculty Only

If sick leave is being requested, please indicate the amount to be deducted from your sick leave accrual, provided a balance exists.

If you do not have a sick leave balance, or your sick leave balance does not cover the full amount of sick leave needed, complete the following.

Number of Hours | Total Amount to be Deducted: *Multiply the number of hours by $25/hour*

Substitute Pay Request

Full-Time and Adjunct Faculty are eligible for substitute pay.
Substitutes must be credentialed faculty and an active employee of YC prior to assignment.

Name of Substitute | Y#

Mailing Address | City, State, Zip

Course Number & Name

Date(s) of Substitution

Reimbursement Requested

Number of Hours | Total Amount to Pay: *Multiply the number of hours by $40/hour*

Dean/Associate Dean Signature & Date

Forward signed form to Payroll for processing & copy to the Office of Instructional Support for file.

Effective 8/17/2026