

SUBSTITUTE TEACHER AUTHORIZATION REQUEST

A substitute instructor is needed on \_\_\_\_\_ to instruct the  
\_\_\_\_\_ Class at Kenai Peninsula College's  
\_\_\_\_\_ Location. The course is regularly taught  
by \_\_\_\_\_. The recommended substitute's name is  
\_\_\_\_\_. substituted or  
taught a course at Kenai Peninsula College within the past year.  
\_\_\_\_\_ have an established personnel file at Kenai Peninsula College.

Division/Department requesting substitute \_\_\_\_\_

Signature of Division Chairperson \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director \_\_\_\_\_ Date \_\_\_\_\_

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(For office use only)

ACCOUNTING: Authorization to pay instructor listed above for \_\_\_\_\_

hours of substitute teaching rate of \$ \_\_\_\_\_ per hour from account

number \_\_\_\_\_.

\_\_\_\_\_  
Director of Administrative Services

\_\_\_\_\_  
Date