SUBSTITUTE TEACHER

SCHOOL:		TWO WEEK PERIOD:				
CONTACT PERSON:	_	FROM:				
APPROVED BY:		TO:				
DATE COMPLETED:		PAGE	OF			

SUBSTITUTE TEACHER ONLY

SUBST	SUBSTITUTE TEACHER ONLY							
GION	EE # PAYROLL	FULL NAME	QUALIFIED OR NON QUALIFIED		NUMBER OF HALF & FULL DAYS			
REVISION	OFFICE USE	(PLEASE PRINT IN ALPHA ORDER)	Q	N/Q	1ST WK	2ND WK	DATES WORKED - PLEASE ADVISE IF HALF DAY BY INDICATING AM OR PM AND IF THERE IS AN ACCOUNT CODE CHANGE FOR ANY OF THE DAYS	

DID THE SCHOOL HAVE ANY NON-TEACHING DAYS IN THE PREVIOUS OR CURRENT PAY PERIOD THAT NEEDS TO BE REPORTED THAT COULD IMPACT THE SUBSITUTES RATE OF PAY FOR CONSECUTIVE DAYS?

PREVIOUS AND CURRENT PAY PERIOD		YES	DATES (SUBSITUTES NOT ABLE TO WORK DUE TO AN ADMIN DAY, PD OR SCHOOL CLOSURE)
FREVIOUS AND CORRENT FAT FERIOD			