



ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT

TEACHER VERIFICATION FORM FOR NO SUBSTITUTE FOR SPECIAL EDUCATION PARAPROFESSIONALS

AREA Contract 10.2.8 Special Education Paraprofessionals

The **school site Administrative Assistant** must complete and process this form as follows:

- Print and attach the Absence Report from the substitute reporting system
- Submit completed form and Absence Report directly to Human Resources
- Human Resources will forward approved form to the Payroll Department

Special Education Teacher Name: _____ Employee ID: _____

School: _____ Elementary School Middle School

| Date of Absence | Absent Para or Vacancy | Employee ID | HR Verification & Rate (HR use ONLY) |
|-----------------|------------------------|-------------|---|
| Monday | _____ | _____ | |
| Tuesday | _____ | _____ | |
| Wednesday | _____ | _____ | |
| Thursday | _____ | _____ | |
| Friday | _____ | _____ | |

Teacher's Signature

Date

Principal's Signature

Print Name

Date

Human Resources Approval Signature

Date