

**CLAIM FOR SUBSTITUTE TEACHING**

Employee Name (please print) \_\_\_\_\_

Employee SSN / ID \_\_\_\_\_

Pay Period: \_\_\_\_\_ through \_\_\_\_\_

Payroll Use Only:	Total Regular:		Total Supplemental:	
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# of Days (0.5 or 1)	Teacher's Name	Assignment Date	Authorization Stamp	Job #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Please check if eligible for Supplemental Pay

\_\_\_\_\_  
Substitute Teacher's Signature

\_\_\_\_\_  
Date

Return the original to the Payroll Office by 4:00 p.m. on the payroll due date as specified on the Employee Payroll Calendar. Substitute Claims not received by the due date will be paid the following pay period.

Any day that has not been properly authorized will not be paid.