PR-6A

THINK LEARN BE MORE TOGETHER

# POCATELLO/CHUBBUCK SCHOOL DISTRICT 25

LEARNING TODAY FOR THE POSSIBILITIES OF TOMORROW

## CLAIM FOR SUBSTITUTE AIDES

Employee Name:_ __ Employee SSN / ID: _____
(Please Print)

Pay Period:_ _ School:_ _

| Number of Hours | Aide's Name | Date | Type of Aide |
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Valid choices for "Type of Aide": Instructional Parapro / Substitute Teacher, Director Approved, Special Education

Substitute Aide's Signature _____ Date

Principal's Signature _____ Date _____

Return to the Payroll Office by 3:00 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.

**FOR PAYROLL USE ONLY**

_____ TOTAL HOURS FOR JOB CODE _____ ACCOUNT MASK ____._____.5._____.182._____.08.000

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