

****PAYROLL USE ONLY****

SCHOOL DISTRICT #25

PR-6

BANNOCK COUNTY

IDAHO

CLAIM FOR SUBSTITUTE TEACHING

TOTAL REG.	
TOTAL SUPP.	

PLEASE PRINT:
 EMPLOYEE NAME _____ UQE'UGE'PWO _____
 PAY PERIOD: _____, 20____ THRU _____, 20____

No. of Days	Teacher	Date	Authorization	Job
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____
_____ for _____	_____	_____ on _____, 20__	_____	_____

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 Professional Payroll Calendar. Substitute Claims not received by the due date will be paid the following month.

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