

**DEPARTMENT OF EDUCATION
CITY OF WATERBURY 2019-2020**

REPORT OF SUBSTITUTE TEACHER
FOR PAY PERIOD ENDING ____ / ____ /20

SCHOOL	DATES	DAY	NAME OF TEACHER	Signature of Principal
		THUR		
		FRI		
		MON		
		TUE		
		WED		
		THUR		
		FRI		
		MON		
		TUE		
		WED		
TOTAL NUMBER DAYS WORKED				

DO NOT WRITE IN THIS SPACE

TIME IS TO BE REPORTED ACCORDING TO THE SUB PAYROLL SCHEDULE AND ARE DUE EVERY TWO WEEKS ON WEDNESDAY BY 4 PM. IF THESE REPORTS ARE NOT RECEIVED ON TIME, YOUR PAYCHECK WILL BE DELAYED UNTIL THE FOLLOWING PAY PERIOD. NO EXCEPTIONS! FOR YOUR CONVENIENCE YOU MAY FAX REPORT TO 597-3489, SEND VIA INTEROFFICE MAIL

Signature _____

Print Name _____
XXX-XX-

Social Security # _____

Employee # _____

ALL SLIPS MUST BE SIGNED BY THE PRINCIPALS FOR EACH DAY WORKED

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