

SUBSTITUTE'S NAME

EMPLOYEE ID #

JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			
JOB #	NAME OF ABSENT TEACHER	ARRIVAL TIME	Rate: \$	Rate: \$	Rate: \$	Rate: \$
DATE			<input type="checkbox"/> FULL DAY	<input type="checkbox"/> ¾ DAY	<input type="checkbox"/> HALF DAY	<input type="checkbox"/> EXTRA PERIOD
<input type="checkbox"/> SCHOOL BUSINESS 01-____-0-1110-1000-1105-____-_____ <input type="checkbox"/> SPECIAL ED SUB (IEP, illness, jury duty, PNL, etc.) 01-6500-0-5770-1110-1105-806-2542			<input type="checkbox"/> OTHER (PNL, illness, jury duty, maternity/paternity, etc.) 01-0000-0-1110-1000-1105-806-8101 Principal or Designee signature:			