



PHOENIX-TALENT SCHOOLS

EXCELLENCE *for* EVERYONE

TEACHER SUBSTITUTING COMPENSATION FORM (SUB BY PERIOD)

Name: _____

Date of Substituting: _____

Class Covered: _____

Teacher Substituted For: _____

Time Substituted:

From _____:_____ am/pm

To _____:_____ am/pm

Total Time: _____ minutes/hour

It is my preference to be compensated as follows: (please check one only)

Comp Time Earned

Paid for Time

Admin

Approval: _____