



SANTA MARIA ISD

Substitute Payroll Form

Santa Maria High School

Please Print Clearly

Substitute Name: _____

Mailing Address: _____

Phone Number: _____

Social Security: _____

Substitute Signature: _____

Date Substituted: _____

Teacher Substituted For: _____

FULL DAY _____

A.M. ½ DAY _____

P.M. ½ DAY _____

For Office Use Only

Date Received: ____/____/____

Reason for Teacher Absence

Staff Development

School Business

Personal/ Illness

Account Number: _____

Signature of Administrator: _____

It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.

Es norma del distrito de Santa Maria ISD no discriminar por motivos de raza, color, origen nacional, sexo o impedimento, en sus programas, servicios o actividades vocacionales, tal como lo requieren el Título VI de la Ley de Derechos Civiles de 1964, según enmienda; el Título IX de las Emiendas en la Educación, de 1972, y la Sección 504 de la Ley de Rehabilitación de 1973, según enmienda.