

PAY FOR CONFERENCE PERIOD

(A STAFF MEMBER MAY SERVE FOR ONLY "ONE" PERIOD PER DAY)

ABSENCE OF (TEACHER NAME) _____ DATE _____

TEACHER ID # _____ REASON FOR ABSENCE _____

DATE OF SUB REQUEST _____ AESOP CONFIRMATION # _____

CAMPUS _____

Please indicate below the name of the staff person who covered the numbered period in the absence of the above-named teacher.

(Please "LEGIBLY" Sign First & Last Name & ID number)

PERIOD	ID NUMBER	NAME
\$30.00	1	_____
\$30.00	2	_____
\$30.00	3	_____
\$30.00	4	_____
\$30.00	5	_____
\$30.00	6	_____
\$30.00	7	_____
\$30.00	8	_____
\$30.00	9	_____

HR Verification: _____

Campus Administrator

BUDGET CODE:

199-11-6118-03 - _____ 0-11-000

Date

Human Resources Dept

TOTAL DUE \$ _____

Date