

ELEMENTARY (UNFILLED SUB) TEACHER PAY REQUEST

(EXTRA DUTY PAY WILL ONLY BE PAID IN HALF DAY OR FULL DAY INCREMENTS)

ABSENCE OF (TEACHER NAME) _____ DATE _____

TEACHER ID # _____ REASON FOR ABSENCE _____

CAMPUS _____ HALF DAY / FULL DAY (PLEASE CIRCLE ONE)

DATE OF SUB REQUEST _____ AESOP CONFIRMATION # _____

Please indicate below the name of the staff person(s) who covered the absence of the above-named teacher.

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

TOTAL DUE	ID NUMBER	NAME
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

HR Verification: _____

Campus Administrator

BUDGET CODE:

Date

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

Human Resources Dept

TOTAL DUE \$ _____
(max amount \$150.00)

Date