

CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOLS
In-District Form for Substitutes paid from Federal Funds
(Federal Funds Only Form)

Meeting: _____ Location : _____

Date: _____ Time: _____

Requested by: _____
(Person Convening the Meeting)

<i>Attendees</i>	<i>Work Location</i>	<i>Sub Name:</i>	<i>Sub needed: (x)</i> <i>Half Day</i>	<i>Sub needed: (x)</i> <i>Full Day</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Total Substitute Cost* = _____ (Substitute charge: \$81.03 for half day; \$165.05 whole day)
 Account # to be charged: _____

OMB Circular A-87, Attachment B (8)(h)(4) states: “Where employees work on multiple activities or cost objectives, a distribution of their salaries or wages will be supported by personnel activity reports or equivalent documentation...” As the supervisory official/Principal for Title I, IDEA, Title II A), I hereby certify that the employees signed in above worked solely for the single cost objective covered by the Federal Fund for the time designated above.

Signature of Federal Fund Manager: _____

The substitutes listed above worked solely on the single Federal award for the period of time listed above. I am the supervisory official/Principal with first-hand knowledge of the work performed by the substitute in my building.

Signature of the Building Principal: _____