

Bellefontaine City Schools

EMPLOYEE REQUEST FOR SUBSTITUTE PAYMENT

_____ is requesting payment for covering classes due to:
(Employee Name)

- Sick
- Personal
- Professional

This form is designated for daily use to record classroom coverage.

Date _____

Absent Teacher	Start Time	End Time	Minutes
Total Daily Minutes			

Minutes/Total Daily Minutes will be verified by the Treasurer's Office.

Comments/Notes:

Signature of Requesting Employee _____ Date _____

Principal Signature (approving coverage) _____ Date _____

0-44 minutes	\$22.50	161-204 minutes	\$92.50
45-80 minutes	\$35.00	205-240 minutes	\$105.00
81-124 minutes	\$57.50	241-284 minutes	127.50
125-160 minutes	\$70.00	284+ minutes	\$140.00