

Clark County Educational Service Center

SUBSTITUTE REQUEST FOR PAY FORM

TIMESHEET must be submitted to **The Clark County ESC** as soon as your job has been completed.

*SUBSTITUTES are paid in arrears; please check the 'ESC Pay Schedule' of the current school year to see when payment of the week worked will be made.

NAME: _____

Last 4 of SS#: _____

PHONE#: _____

Address: _____

CITY/Zip: _____

Please list dates and actual hours worked

One Sheet per Week

**** Teacher from the ESC unit or the building principal must sign off each day that is subbed****

Date Worked	Start Time	End Time	Hours worked	Covering For: (name of Regular Employee)	Position: (Teacher or Aide)	Building at:	***** Building Signature (Must be obtained daily) *****
Office use line				Pay Code:	Rate:		
Office use line				Pay Code:	Rate:		
Office use line				Pay Code:	Rate:		
Office use line				Pay Code:	Rate:		
Office use line				Pay Code:	Rate:		

I confirm the above is true & accurate to the best of my knowledge & request to be paid for said work preformed.

Signature of Substitute: _____

DATE: _____

FORMS NOT TURNED IN WITHIN 30 DAYS OF WHEN WORK WAS PERFORMED COULD BE DENIED PAYMENT

Original Treasurer
Yellow File
Pink to Substitute

Time Sheets can be emailed to payroll@clarkesc.org or faxed to 937-717-0518