



Substitute Pay Authorization

Substitute Name:

Date Submitted:

Last 4 of SS#:

Absent Employee Name	Date	Time In	Lunch Out	Lunch In	Time Out	Total Hours	Account (Office Use)

Total Hours:

Substitute Signature:

Date:

Administrator/Supervisor Approval:

Date:

Rate of Pay (Hour or Day): \$

Total Pay: \$

Payroll Received:

Period Paid:

Substitute pay is paid on the Semi-Monthly Payroll Schedule