

Claim for Substitute Teaching

Directions: This form is to be completed by the Principal/Supervisor and then forwarded to the Unit Office. A new form must be completed each week for consecutive absences. This information is to be maintained by the Principal on computer files.

Name of Substitute: _____

Teaching For: _____ School: _____

_____ # Days @ 1/2 rate = 0 - 4 hours Dates: _____

_____ # Days @ full day rate = > 4 hours Dates: _____

Funding Source For Substitute

_____ Unit #2 Sick _____ Unit #2 Professional

_____ Unit #2 Personal _____ Other _____

_____ Job Number _____

Signature of Substitute: _____

5:220-E4

DATED: July 1, 2010

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