Employee Number: _____ - _____ - _____

THE GRANT COUNTY BOARD OF EDUCATION
OFFICE OF THE TREASURER

PG ___ OF ___

SUBSTITUTE TEACHER REPORT REQUESTING PAY

NAME OF SUBSTITUTE: _____

SCHOOL: _____

MONTH: _____

PRINCIPAL/SUPERVISOR'S SIGNATURE: _____

1. PROVIDE THE INFORMATION AS REQUESTED BELOW
2. IT WILL BE THE RESPONSIBILITY OF THE SUBSTITUTE TO REPORT TO THE PRINCIPALS' OFFICE AFTER EACH DAY THEY TEACH TO COMPLETE THIS FORM. A FORM IS TO BE COMPLETED AT EACH SCHOOL AT WHICH THE "SUB" WORKS DURING THE MONTH.
3. A FORM IS TO BE COMPLETED FOR EVERY SUBSTITUTE WORKING AT THE SCHOOL DURING THE MONTH.
4. SUBSTITUTE PAY FORM MUST BE TURNED IN WITH MONTHLY ATTENDANCE REPORTS.
5. INDICATE WHETHER PAY IS TO COVER HALF OR FULL DAY
6. INDICATE PROGRAM FROM WHICH SUBSTITUTE IS TO PE BAD, **IF OTHER THAN REGULAR COUNTY**. I.E., RESA; CHAPTER 1; SPECIAL EDUCATION; AND/OR OTHER

DATE AND TIME WORKED		SIGNATURE OF REGULAR TEACHER AND SUBSTITUTE	TO BE PAID FROM….
	HALF ☐ WHOLE ☐	Reg. Sub.	
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