

HS Substitute Pay Form

Sub Month _____

NAME _____

ID# _____

✓ Are you a Certified Teacher? _____ Yes _____ No

____ 1 ____ 199 11 6112 00 001 311000 (Substitute Teacher)	____ 4 ____ 199 51 6122 00 001 399000 (Substitute Custodian)	____ 7 ____ 199 11 6112 00 001 322000 (Substitute CTE/Vocational Teacher)
____ 2 ____ 199 11 6112 00 001 323000 (Substitute SP ED Teacher)	____ 5 ____ 199 23 6122 00 001 399000 (Substitute Secretary)	____ 8 ____ 199 12 6112 00 001 399000 (Substitute Librarian)
____ 3 ____ 199 11 6122 00 001 323000 (Substitute Classroom Aide)	____ 6 ____ 199 33 6122 00 001 399000 (Substitute Nurse)	

Certified Teacher: \$70 (\$35)	Non Certified Teacher: \$65 (32.50)
Aide/Secretary: \$58 (\$29)	Custodian: \$58/8 hours - \$7.25 per hour if less than 8

For _____ Date _____ Rate Of Pay _____ Code _____

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For _____ Date _____ Rate of Pay _____ Code _____

For _____ Date _____ Rate of Pay _____ Code _____

Total of payment request: _____

Signature of Substitute _____

Request for Payment approved by _____

Campus Principal or Campus Secretary