

# Substitute Cafeteria Worker Pay Form

Month of \_\_\_\_\_

240-35-6122-00-999-99000

\$7.25 per hour

NAME \_\_\_\_\_ ID# \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Sub for \_\_\_\_\_ Date \_\_\_\_\_ #hours \_\_\_\_\_

Total Hours

X per hour

Total Pay \$

\_\_\_\_\_  
Signature of Substitute

\_\_\_\_\_  
Signature of Lead Cook

Request for Payment approved by \_\_\_\_\_  
Cafeteria Director