CERTIFICATED SUBSTITUTE SERVICES

Fife School District No. 417

It is the responsibility of the substitute to complete and return this form to the building in order to be paid.

Each Pay Request should <u>cover ONLY one month</u>.

CERTIFICATED SUBSTITUTE SERVICES PAY REQUEST

PAY REQUEST Fife School District No. 417

It is the responsibility of the substitute to complete and return this form to the building in order to be paid.

Each Pay Request should cover ONLY one month.

Substitute Teacher Name (Print)							Substitute Teacher Name (Print)					
DAY	DATE	DATE LOCATION CONTRACTED TEAC		# OF HOURS (3.5 OR 7)		DAY	<u>DATE</u>	LOCATION	CONTRACTED TEACHER NAME		# OF HOURS (3.5 OR 7)	
M						М						
Т						Т						
W						W						
TH						TH						
F						F						
								•			•	
Substitute Teacher Signature			gnature	Date		Substitute Teacher Signature				Date		
Supervisor Authorization				Date	Date		ervisor	Authorizati	Date			
Original: Payroll Yellow: Building Pink: Substitute						Original: Payroll Yellow: Building Pink: Substitute						