

**CERTIFICATED SUBSTITUTE SERVICES
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)

<u>DAY</u>	<u>DATE</u>	<u>LOCATION</u>	<u>CONTRACTED TEACHER NAME</u>	<u># OF HOURS (3.5 OR 7)</u>
M				
T				
W				
TH				
F				

Substitute Teacher Signature

Date

Supervisor Authorization

Date

Original: Payroll
Yellow: Building
Pink: Substitute

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