

Substitute Teacher Payroll Request Form

This report is due to the Office of Education by the 19th of each month

Substitute Teacher* _____
Please check one: Holds Current Teaching Certificate (\$17.50/hr) Uncertified (\$15.00/hr) Volunteer

Date(s) Substituted _____
If not consecutive dates, please turn in separate form for each day

Please indicate length of substitution _____ hours

The above teacher substituted for _____

Name of school _____

Please indicate reason for substitute (one reason per form)

Requesting Conference Payment

- Illness (more than 5 consecutive days requires note from physician)
- Family illness (more than 3 consecutive days requires note from physician)
- Maternity/Paternity/Adoption Leave
- Death in immediate family (up to five days)
- Jury Duty
- School evaluation at conference request
- Teacher evaluation (for teaching principals – up to three days)
- Personal leave (two working days per year are granted)
- Professional Leave: (Please check one)

___ Conference requested _____
Name of meeting

___ Prior Approval by _____
Name of Superintendent

Requesting other than Conference Payment

- NPUC
- Bill local school: i.e. School sponsored leave (field trips, Academy Day, etc.)
- Bill teacher
- Bill other conference _____

Date Approved _____

Superintendent Signature _____