

Name:		Position:		School:	
Pay Period Start:		Pay Period End:		Pay Date:	

**REQUIRED:** Name of regular staff member that substantiated a substitute must be provided. Failure to provide will result in substitute being charged to Building Budget.

DATE	# OF HOURS	EMPLOYEE YOU SUBBED FOR	COMMENTS
M			
T			
W			
Th			
F			
M			
T			
W			
Th			
F			
M			
T			
W			
Th			
F			
M			
T			
W			
Th			
F			
M			
T			
W			
Th			
F			

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and no payment has been received by me on account thereof.

\_\_\_\_\_

**Employee Signature / Date**

**Supervisor Signature / Date**

Payroll Use: