



SPECIAL EDUCATION  
SUBSTITUTE TEACHER PAY REPORT

FILL OUT ONE FORM FOR EACH TEACHER SUBBING.

Sub Teacher Name: \_\_\_\_\_

Sub Teacher Employee Number: \_\_\_\_\_

Absent Teacher Name: \_\_\_\_\_

Date of Teacher's Absence: \_\_\_\_\_

$$\begin{array}{ccccccc}
 \underline{\$24.00} & \div & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \\
 \text{SUB HOURLY RATE} & & \text{NUMBER OF} & & \text{SUB PAY PER HOUR} & & \text{TOTAL HOURS} & & \text{TOTAL PAY PER SUB} \\
 & & \text{SUB TEACHERS} & & & & \text{SUBBED} & & 
 \end{array}$$

*Budget code for absent teacher, with 185 object/account:*

ACCOUNT CODE: \_\_\_\_\_ % \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_ % \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_ % \_\_\_\_\_

ACCOUNT CODE: \_\_\_\_\_ % \_\_\_\_\_

REQUIRED SIGNATURES:

\_\_\_\_\_  
TEACHER

\_\_\_\_\_  
ASSISTANT DIRECTOR

\_\_\_\_\_  
DIRECTOR