**INTERMEDIATE SCHOOL DISTRICT 917**

SPECIAL EDUCATION PROGRAMS SUBSTITUTE PROGRAM ASSISTANT PAY REPORT

EMPLOYEE NUMBER: PROGRAM ASSISTANT NAME: NAME OF ABSENT TEACHER: DATE OF TEACHER ABSENCE: HOURS OF STUDENT COVERAGE:

Total Hours

X $3.00 =



Total Extra Duty Pay

ACCOUNT CODE:

ACCOUNT CODE:

REQUIRED SIGNATURES:

# Program Assistant

**Assistant Director**

**Special Education Director**

# Date

**Date**

**Date**

11/14/2016