

**Cleveland Heights-University Heights City School District  
Payroll Department – For Teachers Only – Send to Payroll**

**IN-SCHOOL SUBSTITUTE PAY REPORT**

**Name:** \_\_\_\_\_ **Building:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*(Note: Form will be returned if SS# is not completed)*

<b>Name of Absent Teacher(s)</b>	<b>Date of Absence</b>	<b>Class Periods Covered</b>	<b>Amount to be paid (Rate \$21.50/hour)</b>
		<b>TOTAL:</b>	<b>\$</b>

\_\_\_\_\_  
Administrators Signature

\_\_\_\_\_  
Date

**NOTE:** This form is to be used for reporting the days/class periods when additional responsibilities have been assumed by a teacher in another teacher's absence. Complete a form for each teacher and send to the Payroll Department by the date listed on the payroll schedule.

**KEEP A COPY FOR YOUR RECORDS!!**