

**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)

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

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!!