**SUBSTITUTE PAYROLL NOTIFICATION FORM**

 Please provide the payroll office with the following information for any teacher(s) on leave for school business. This form should be submitted to the payroll office by the 1st of each month following a meeting or workshop.

NAME OF MEETING: **Dibels Testing**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE (S) OF MEETING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUND ACCOUNT NUMBER SUBSTITUTE SHOULD BE CHARGED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FUND NAME (CHECK ONE): \_\_\_\_\_\_Title I \_\_\_\_\_\_Title IV (Drug Free) \_\_\_\_\_\_Title II \_\_\_\_\_\_Title VI \_\_\_\_\_\_\_\_\_

Sp. Ed. \_\_\_\_\_\_Regular Program \_\_\_\_ Literacy for All Other:\_\_\_\_\_\_ REAP

SUPERVISOR SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU NEED A COPY OF THE SUBSTITUTE PAYROLL INFORMATION RETURNED TO YOU? \_\_**X**\_\_\_YES \_\_\_\_\_\_NO

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| EMPLOYEE ID | TEACHER | SCHOOL | SUBSTITUTE ID | SUBSTITUTE | AMOUNT PAID SUBSTITUTES | DATES |
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