

**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: XXX - XX - _____

(Note: Form will be returned if last four of SS# is not completed)

Name of Absent Teacher(s) – First Initial and Full Last Name

Date of Absence – Date of absent teacher/class coverage

Class Periods Covered – Actual class period (i.e. 1st, 2nd, 4th)

For Elementary School Only – start time and end time of class coverage (i.e. 8:10 am – 10:50 am)

Amount to be Paid - \$12.50 for 5-25 minutes, \$23 for 26-50 minutes, or \$139.00 per day

Name of Absent Teacher(s)	Date of Absence	Class Periods Covered	Amount to be paid Rate \$23.00/hour or \$139.00 day
		TOTAL:	\$

Administrators Signature

Date

**NOTE: Incomplete forms will be returned.
Please do not include other additional extra assignments on this form.**

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.