

**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 Rate \$23.00/hour or \$139.00 day
		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.