

Respectful, Responsible, Safe & Prepared

Loss of Preparation Time - Substitute Claim Form

The purpose of this form is to inform payroll when a SDW Teacher loses their planning period because they subbed for another staff member during the day. This form must be completely and accurately filled out and submitted to the building's main office after the loss of planning occurred. As noted on page 2 of the SDW Teacher Handbook, Teachers are compensated for 7.5 hours of work/day. Due to the differences with instructional minutes and assignable time that exist between teacher responsibilities, Teachers will only be compensated up to \$65/day for subbing/loss of preparation time. If a non-classroom teacher (IMC, MLSS Coach, TIS, etc) subs for someone for a period or an entire day, they will be compensated for the loss of one prep period. To assist us in our accounting processes, this form must be turned into the appropriate person in the building in which the subbing occurred within 3 school days of the loss of prep.

Date of Substitution: _____	Time of Substitution: _____
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Which building did the loss of a preparation period occur? (Please check)			
WLC _____	CEC _____	WMS _____	WHS _____

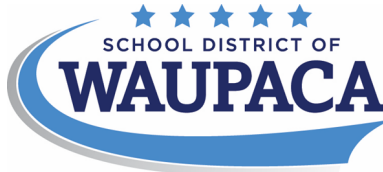
_____ Name of Substitute	_____ Name of Absent Teacher
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Loss of preparation period compensation: (Please check one)
<input type="checkbox"/> I lost up to 50% of my planning period and will be compensated an additional \$12.50.
<input type="checkbox"/> I lost more than 50% of my planning period because I subbed for another staff member and will be compensated an additional \$25.00.
<input type="checkbox"/> I took 50% or more of another teacher's class because they were absent without a sub for an entire day and will be compensated an additional \$65.00.
<input type="checkbox"/> Other (requires building Principal prior approval) compensation _____

Signature of Substitute

Principal Approval Signature

THANK YOU for assisting us today with ensuring that our students have the BEST educators guiding them!



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External Substitute Pay Claim Form

Date of Substitution: _____

Name of Substitute: (Please print) _____

Which building(s) did the substitution occur? (Please check)

WLC _____

CEC _____

WMS _____

WHS _____

Name of Substitute

Name of Absent Staff Member

Which position best describes where you substituted today: (Please check)

Teacher _____

Educational Assistant _____

Health Aide _____

Secretary _____

How long were you able to help us out today?

For Substitute Teachers: Full Day _____ Half Day _____

For Educational Assistants, Health Aides, and Secretary Substitutes: Number of Hours _____
(please round using .25 increments, with .25 increment = 15 minutes)

Signature of Substitute

Principal Approval Signature

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have the BEST staff members guiding them!**