



External Substitute Pay 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

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.

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