



Respectful, Responsible, Safe & Prepared

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

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