

SOUTHERN OHIO EDUCATIONAL SERVICE CENTER

SUBSTITUTE TEACHER PAY REQUEST

This is to verify that _____ substituted for
 (name of substitute)

_____ as follows:
 (name of absent employee)

ASSIGNMENT LOCATION (circle one or write in)

Clinton County ESC	Fayetteville Middle	New Vienna Elementary
Clinton County Altn. Sch.	Highland Alternative Sch.	N. Adams Elementary
Clinton Gifted School	Highland County ESC	Region 14/ Hopewell Center
East End Elementary	Highland Gifted School	Webster Elementary
Fayetteville Elementary	Highland Preschool	

Date	In	Out	Lunch	Hours
				Total Hours:

 Substitute Employee

 Absent Employee

 Supervisor/Team Leader

Office Use Only
Pay account _____
Rate of pay _____ hr/daily
Total amount paid _____
Payroll date _____
Other _____