



# REQUEST FOR SUBSTITUTE STIPEND PAY

This request must be submitted to the treasurer's office within 30 days of the date on which the assistant assumed responsibility for the classroom in the absence of the teacher and no later than 10 days after the last day of school.

Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_ Department: \_\_\_\_\_

On the day and during the times listed below, there was no teacher or substitute teacher available and I was solely responsible for following the lesson plan in the absence of the teacher and request to be paid a stipend as indicated below:

\_\_\_\_\_ **\$30.** The teacher was absent at least four (4) consecutive hours.

\_\_\_\_\_ **\$15.** The teacher was absent at least two (2) consecutive hours, but less than four (4) hours.

Name of absent teacher: \_\_\_\_\_

Name of substitute, if any: \_\_\_\_\_

Building and program: \_\_\_\_\_

Date of absence: \_\_\_\_\_

Time teacher was absent: From \_\_\_\_\_ To \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Treasurer's Office Use Only***

Date Received: \_\_\_\_\_

Stipend: \_\_\_\_\_

Payroll Date: \_\_\_\_\_