

PAYROLL REPORT FOR SUBSTITUTE TEACHERS

Employee Name: _____

LANSING CHRISTIAN SCHOOL

Phone number & email address: _____

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		Total Days
Date:		Date:		Date:		Date:		Date:		
Half Day		Half Day		Half Day		Half Day		Half Day		
Full Day		Full Day		Full Day		Full Day		Full Day		
Substituted for:		Substituted for:		Substituted for:		Substituted for:		Substituted for:		

Instructions:

Fill in all requested information completely.
 Fill in date and mark appropriate box for 1/2 day or full day worked.
 Fill in name of teacher for whom you substituted each day.

Employee Signature: _____

Supervisor Signature: _____

certified _____

experienced _____

non-certified _____

THIS FORM MUST BE TURNED INTO THE BUSINESS OFFICE ON FRIDAY OF EACH WEEK