



210 5th Street
Milford, NE 68405
Telephone (402) 761-3341
Fax (402) 761-4331

SUBSTITUTE TEACHER CLAIM CONTRACT ***ESU 6 Payroll***

_____ substituted for _____ on
(Substitute Name) (Teacher)

_____ for school related activities. _____ agrees to accept the
(Date) (Substitute Name)

school's rate of substitute pay at \$ 130 per day.

Substitute Teacher Name: _____

Home Address: _____

City, State, Zip Code: _____

Social Security Number: _____

All new substitutes are required to complete a W-4 form, I-9 Form, Release for Background Check, and furnish copies of driver's license, social security card, and Teaching Certificate.

EXPENDITURES:

SUBSTITUTE PAY _____

OF DAYS _____

TOTAL _____

I am an approved Substitute for the above school district and I meet all of the requirements of a qualified substitute in the state of Nebraska.

Substitute Teacher Signature

ESU 6 Supervisor Signature

ESU 6 Director Signature

Accounting: