

AUTHORIZATION FORM

SPECIAL SUBSTITUTE PAY

PROVIDE THIS FORM TO SCHOOL SECRETARY PRIOR TO EVENT

Authorization for: (CHECK ALL THAT APPLY) **FCHS** **FCMS** **CES** **CFES** **LES** **RES**

FUNDING CODE: _____ -0- _____ - _____ -113/114
(FUND) (PROGRAM) (FUNCTION)

EVENT DESCRIPTION: _____

LOCATION OF TRAINING / MEETING:

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| DATE(S) OF TRAINING / MEETING | |
|-------------------------------|--|

NAME(S) OF ATTENDEE(S):

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AUTHORIZED BY: _____ DATE: _____

****PRIOR TO THE DATE OF THE EVENT, AUTHORIZER SHOULD PROVIDE A COPY OF THIS COMPLETED FORM TO THE SECRETARY AT EACH PARTICIPATING SCHOOL AND TO THE PAYROLL BOOKKEEPER.**