

QUITMAN ISD

SUBSTITUTE PAY SHEET

SUBSTITUTE'S NAME

HAS SUBSTITUTED _____ FULL DAY(S) FOR _____
_____ 1/2 DAY EMPLOYEE'S NAME

WHICH INCLUDED THE FOLLOWING DATES:

POSITION:

_____ TEACHER
_____ CLERICAL
_____ CUSTODIAL
_____ CAFETERIA

_____ BUS DRIVER
_____ TEACHER AIDE
_____ ADMINISTRATOR

SIGNATURE – SUBSTITUTE

SIGNATURE – SUPERVISOR

TO BE COMPLETED BY BUSINESS OFFICE:

RATE OF PAY: _____

ACCOUNT CODE: _____