

**SUPPLEMENT FORM FOR SUBSTITUTES ONLY
PAY FOR LOCAL SCHOOL FUNDS**

(PINK)

_____ SCHOOL

_____ DATE SUBMITTED

- 2-5110-881-162-XXX (Regular Teacher Absence)
- 2-5110-881-163-XXX (Staff Development Teacher Absence)
- 2-5110-881-165-XXX (Regular Teacher Assistant Absence)
- 2-5110-881-166-XXX (Sub Own Staff Development Teacher Absence)
- 2-5110-881-167-XXX (Sub Own Regular Teacher Absence)

SUBSTITUTE'S NAME	SOC. SEC. #	DATE	TEACHER'S NAME	TEACHER'S SS#	GROSS SALARY

Principal/ Director _____ Date _____