

SOUTHERN LOCAL SCHOOL DISTRICT PAY VOUCHER FOR SUBSTITUTE TEACHER (CERTIFIED)

Name of Substitute/Signature: _____

Day	Date	TIME IN	TIME OUT	TOTAL HOURS	SCHOOL SUBSTITUTING ELEMENTARY, MIDDLE, HIGH	ABSENT STAFF MEMBER
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

TOTAL HOURS

Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

TOTAL HOURS

TOTAL HOURS FOR PAY

TOTAL DAYS

FOR OFFICE USE ONLY

		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	
		HOURS		DAYS	@		= \$	

TOTAL \$ _____

CERTIFIED BY: _____

ADMINISTRATOR