

SUBSTITUTE PAYROLL VERIFICATION

Name: _____

Assistant's or Teacher's name substituted for: _____

(Note: Please complete separate page for each person for whom you substituted.)

Location of Unit: _____

Date(s) Substituted: _____

Time In: _____

Time Out: _____

TOTAL Hours per day: _____

COMMENTS:

Areas of Concern: _____

Will you help us again? _____

We appreciate your professional dedication and hope to continue to employ you when needed. We need your assistance to keep our programs moving forward.

Signature: _____ Date: _____

WITHOUT A COMPLETED FORM WE CAN NOT PROCESS PAYMENT!

**** Note: This form needs to be dropped off at/mailed to Auglaize County Educational Service Center, 1045 Dearbaugh, Suite 2, Wapakoneta, OH 45895 **no later than THREE days** after your assignment.