

Roman Catholic Diocese of Lexington

REQUEST FOR PAYMENT OF SUBSTITUTE TEACHER
(Must be in the Risk Management Office by the Information Due Date)

SCHOOL _____

SUBSTITUTE TEACHER _____

Last

First

MI

SOCIAL SECURITY # _____

SUBSTITUTED FOR _____

Last

First

MI

For Dates: / / , / / , / / , / / , / / , / / , / / ,
 / / , / / , / / , / / , / / , / / , / / .

REGULAR TEACHER'S WORK ABSENCE IS TO BE CHARGED TO:

- ___ Absence for illness or bereavement as specified on contract _____ Days.
- ___ Absence with pay for professional reasons (substitute required) _____ Days.
- ___ Absence for jury duty (Diocesan Policy) _____ Days.
- ___ Absence for which teacher is not to be paid _____ Days.

Number of days for which payment is due substitute @ \$_____per day: _____ Days.

Signature of Authorized Representative _____

Date: _____

Notes: _____

