



NOME PUBLIC SCHOOLS
Substitute Teacher
Request for Payment of Wages

Name: _____

(Print)

Date(s) of work: _____

Total number of days or partial days: _____

The teacher I replaced was: _____

(Print)

COMMENTS: _____

Date Report Completed

Substitute's Signature

SUPERVISOR'S REPORT

The above report is, to the best of my knowledge, correct.

COMMENTS: _____

Date Signed

Supervisor's Signature

PAYROLL OFFICE USE ONLY:

Date paid: _____