



NOME PUBLIC SCHOOLS

Substitute Teacher Pay Report

Name	
Emp. #	
Reporting Period	<input type="checkbox"/> _____ 1 st – 15 th , 201 ____ <input type="checkbox"/> _____ 16 th – 31 st , 201 ____

Date	Half/Full day	TEACHER NAME	Additional Note

 Substitute Signature

 Principal Signature