



EXTENDED SUBSTITUTE PAY REQUEST

School: _____ Date: _____

Absent Employee: _____

Dates of Absence: _____ through _____
End date could change Y / N

Substitute Name: _____

The above named person will be working in this position for a period of at least 10 consecutive working days. I would like to request they receive Extended Substitute Pay for this time period.

Principal Name (Printed)

Principal Signature

Date

Note: Extended Substitute Pay can be added for days already worked if the length of time unexpectedly reaches 10+ consecutive days.

(Send Completed form to Dr. Asbury)

Office Use

LOA: Y / N Sick Days: Y / N Comment: _____

Approval:

Dr. David Asbury

Date