

FRONTIER SCHOOL DIVISION

SUBSTITUTE TEACHER

SCHOOL: _____

CONTACT PERSON: _____

APPROVED BY: _____

DATE COMPLETED: _____

TWO WEEK PERIOD:

FROM: _____

TO: _____

PAGE _____ OF _____

C

SUBSTITUTE TEACHER ONLY

REVISION	EE # PAYROLL OFFICE USE	FULL NAME (PLEASE PRINT IN ALPHA ORDER)	QUALIFIED OR NON QUALIFIED		NUMBER OF HALF & FULL DAYS		DATES WORKED - PLEASE ADVISE IF HALF DAY BY INDICATING AM OR PM AND IF THERE IS AN ACCOUNT CODE CHANGE FOR ANY OF THE DAYS
			Q	N/Q	1ST WK	2ND WK	

**DID THE SCHOOL HAVE ANY NON-TEACHING DAYS IN THE PREVIOUS OR CURRENT PAY PERIOD THAT NEEDS TO BE REPORTED THAT
COULD IMPACT THE SUBSTITUTES RATE OF PAY FOR CONSECUTIVE DAYS?**

PREVIOUS AND CURRENT PAY PERIOD	NO	YES	DATES (SUBSTITUTES NOT ABLE TO WORK DUE TO AN ADMIN DAY, PD OR SCHOOL CLOSURE)