

Substitute Teacher Form

Plumas Unified School District / Plumas County Office Of Education
1446 E Main St, Quincy, CA 95971

Name _____

_____ District Office / Supervisor Signature

Soc. Sec. # _____

School _____

_____ Date Signed

B: Bereavement
N: Negotiations
S: Sick

PN: Personal Necessity
J: Jury Duty
O: Other (please explain)

M: Medical
LT: Long Term
RT: Release Time

R: to be Reimbursed
PB: Personal Business
V: Vacancy

If a partial day is taught, indicate % of day. i.e... 1 - 2 hours is .33% 3 hours is .50% 4 hours is .67% 5 hours is .83% 6 hours is 100%

Date	Teacher	Reason	If other, explain	% of day	Sub. Signature	Account Number

Please fill in all blanks. Pay period is through the 25th of each month.

Please submit to payroll no later than the last day of the month for payment on the 10th of the following month.

Office Use Only:

Total: _____

Date Paid: _____

Preapproved (if required) attached?

Yes
 No
 N/A