WAYNE TRACE LOCAL SCHOOL
CLAIM FORM FOR SUBSTITUTES
2026-2027

****

EMPLOYEE NAME: _____ **FRONTLINE:** _____

DATE(S) OF ABSENCE: _____ **DOCK: $**_____

****

SUBSTITUTE SECTION

Please complete **ALL information. If information is missing it could result in a delay in you being paid. For address/banking changes, please contact the Treasurer's Office.

SUBSTITUTE'S NAME (please print): _____

PHONE NUMBER: _____

Please list dates, times and total hours worked and any notes for payroll (head cook, head cashier, etc)

DATE:	**START TIME:**	**END TIME:**	**TOTAL HRS:**	**NOTES:**
DATE: _____	_____ **AM / PM**	_____**AM / PM**	_____	_____
DATE: _____	_____ **AM / PM**	_____**AM / PM**	_____	_____
DATE: _____	_____ **AM / PM**	_____**AM / PM**	_____	_____
DATE: _____	_____ **AM / PM**	_____**AM / PM**	_____	_____
DATE: _____	_____ **AM / PM**	_____**AM / PM**	_____	_____

CHECK POSITION OF SUBSTITUTION:

OFFICE USE ONLY:

_____ **TEACHER @ $110.00 per day** ___ day(s) @ **$110.00** = $_____

_____ **CAFETERIA @ $13.75 per hour** _____

_____ **TEACHERS AIDE @ $15.01 per hour** _____

_____ **LIBRARY AIDE @ $16.94 per hour** _____

_____ **SECRETARY @ $18.78 per hour** _____

_____ **STUDYHALL @ $16.92 per hour** _____

_____ **CUSTODIAL @ $16.25 per hour** _____

BUS DRIVER @ $21.06 per hour _____

- _____ **AM ROUTE ONLY**
- _____ **PM ROUTE ONLY**
- _____ **BOTH ROUTES**

SUBSTITUTE'S SIGNATURE: _____ **DATE:** _____

APPROVED BY: _____**DATE:** _____

****Substitute pay rates are subject to change based on board approval each year.**