

WAYNE TRACE LOCAL SCHOOL
CLAIM FORM FOR SUBSTITUTES
2022-2023
UPDATED May 8, 2023

EMPLOYEE NAME: _____

KIOSK: _____

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.

SUBSTITUTE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

Please list date you worked, starting time, ending time and circle AM or PM

DATE: _____	START TIME: _____ AM / PM	END TIME: _____ AM / PM
DATE: _____	START TIME: _____ AM / PM	END TIME: _____ AM / PM
DATE: _____	START TIME: _____ AM / PM	END TIME: _____ AM / PM
DATE: _____	START TIME: _____ AM / PM	END TIME: _____ AM / PM
DATE: _____	START TIME: _____ AM / PM	END TIME: _____ AM / PM

CHECK POSITION OF SUBSTITUTION:

_____ TEACHER @ \$100.00 per day
_____ CAFETERIA @ \$12.13 per hour
_____ TEACHERS AIDE @ \$13.24 per hour
_____ LIBRARY AIDE @ \$14.94 per hour
_____ SECRETARY @ \$16.57 per hour
_____ STUDYHALL @ \$14.92 per hour
_____ CUSTODIAL @ \$14.33 per hour
_____ BUS DRIVER @ \$18.58
_____ AM ROUTE ONLY
_____ PM ROUTE ONLY
_____ BOTH ROUTES

OFFICE USE ONLY:

_____ day(s) @ \$100.00 = \$ _____
_____ day(s) X hrs per day = hrs _____

SUBSTITUTE'S SIGNATURE: _____ DATE: _____

APPROVED BY: _____ DATE: _____

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