

Roman Catholic Diocese of Lexington

REQUEST FOR PAYMENT OF SUBSTITUTE TEACHER  
(Must be in the Risk Management Office by the Information Due Date)

SCHOOL \_\_\_\_\_

SUBSTITUTE TEACHER \_\_\_\_\_

Last

First

MI

SOCIAL SECURITY # \_\_\_\_\_

SUBSTITUTED FOR \_\_\_\_\_

Last

First

MI

For Dates:   /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  ,  
  /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  ,   /  /  .

REGULAR TEACHER'S WORK ABSENCE IS TO BE CHARGED TO:

- \_\_\_ Absence for illness or bereavement as specified on contract \_\_\_\_\_ Days.
- \_\_\_ Absence with pay for professional reasons (substitute required) \_\_\_\_\_ Days.
- \_\_\_ Absence for jury duty (Diocesan Policy) \_\_\_\_\_ Days.
- \_\_\_ Absence for which teacher is not to be paid \_\_\_\_\_ Days.

Number of days for which payment is due substitute @ \$\_\_\_\_\_per day: \_\_\_\_\_ Days.

Signature of Authorized Representative \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_