BELMONT-HARRISON VOCATIONAL SCHOOL DISTRICT
68090 HAMMOND ROAD
ST. CLAIRSVILLE OH 43950-9817

AUTHORIZATION TO PAY SUBSTITUTE

NAME OF SUBSTITUTE: _____

SUBSTITUTE ON THIS DATE: _____

OUTSIDE SUBS: ( ) Full Day OR ( ) Half Day

TIME IN: _____ TIME OUT: _____ LUNCH IN: _____ LUNCH OUT: _____

IN-HOUSE SUBS: ( ) Periods: _____
(List the periods that you subbed)

NAME OF EMPLOYEE ABSENT: _____

REASON: ( ) PERSONAL
( ) PROFESSIONAL
( ) SICK
( ) OTHER _____

_____ _____ _____ _____
Substitute Signature Date Supervisor Signature Date

PLEASE CHECK APPROPRIATE BOX:

		OPU
( ) ACADEMIC SUB	001 1130 112	_____
( ) CAREER TECH SUB	001 1310 112	_____
( ) SPECIAL EDUCATION SUB	001 1337 112	_____

- - - - - - - - - - **OFFICE USE ONLY** - - - - - - - - - -

TOTAL HOURS: _____ (for outside subs)

TOTAL PAYMENT: _____

Rev. 1/26/2017