FORM NO.

T

Newfoundland Labrador

DATE RECEIVED
PAYROLL

SUBSTITUTE / REPLACEMENT TIME CLAIM

DIST. NO. ____ DIST. NAME _____

SCHOOL NO. ____ SCHOOL NAME _____

SUBSTITUTE ☐ **STUDENT ASSISTANT**

SOCIAL INSURANCE NUMBER

SURNAME GIVEN NAME

MAIDEN NAME (IF APPLICABLE)

STUDENT ASSISTANT ON LEAVE

SOCIAL INSURANCE NUMBER

SURNAME GIVEN NAME

WEEKLY TIME RECORD

WEEK ENDING DATE

YY	MM	DD

MUST BE A FRIDAY

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS TAUGHT	
HOURS PER DAY							
LEAVE CODE							

LEAVE CODES ON MAIN FORM PAGE

DATE _____ SCHOOL AUTHORIZING SIGNATURE _____

YY / MM / DD

DATE _____ DISTRICT AUTHORIZING SIGNATURE _____

YY / MM / DD

DEPARTMENT OF EDUCATION COPY