

FORM NO.

B



DATE RECEIVED

PAYROLL

SUBSTITUTE / REPLACEMENT TIME CLAIM

DIST. NO.

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DIST. NAME _____

SCHOOL NO.

--	--	--

SCHOOL NAME _____

SUBSTITUTE / REPLACEMENT

(CHECK ONE)

SUBSTITUTE

REPLACEMENT

SOCIAL INSURANCE NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SURNAME

GIVEN NAME

MAIDEN NAME (IF APPLICABLE)

TEACHER ON LEAVE

SOCIAL INSURANCE NUMBER

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SURNAME

GIVEN NAME

WEEKLY TIME RECORD

YY	MM	DD

WEEK ENDING DATE

MUST BE A FRIDAY

DAY	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		TOTAL HOURS TAUGHT
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	
HOURS TAUGHT											
LEAVE CODE											LEAVE CODES ON MAIN FORM PAGE

DATE _____
YY / MM / DD

SCHOOL AUTHORIZING SIGNATURE _____

DATE _____
YY / MM / DD

DISTRICT AUTHORIZING SIGNATURE _____