

LAFAYETTE PARISH SCHOOL SYSTEM

SUBSTITUTE PAY FORM

NAME _____

SCHOOL _____

ADDRESS _____

ACCOUNT # _____

____ NON DEGREED ____ DEGREED ____ CERTIFIED

EMPLOYEE ID (REQUIRED) _____

ARE YOU ENROLLED IN A STATE RETIREMENT SYSTEM?

LAST 4 DIGITS OF SS# (REQUIRED) _____

____ YES ____ NO

COMPLETED PAY FORM MUST BE SUBMITTED TO THE PAYROLL OFFICE BY THE 3RD WORKING DAY OF THE FOLLOWING MONTH

DATE	FULL DAY	HALF DAY	HOURS	PERSON REPLACED	SUBSTITUTE'S SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
TOTAL					

Signature - School Official

Signature - School Board Official