BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Payroll

2009 Summer School Substitute Teacher Payroll Information Sheet

Substitute's Name _____
Last First Middle

Address _____
City State ZIP

Social Security _____-_____-_____ Phone _____

Certified _____ No _____ Yes Area of Certification _____

Non Degree _____ Degree _____ Highly Qualified in content area _____

Please use one form for each pay period. Payment is made 2 weeks in arrears.

Date	Teacher Substituting for	Class Substituting for	Hours
Total hours worked in pay period			

(Report hours worked in decimals (1.0 = 1 hour; 1.5 = 1 hour 30 minutes)

Approved standard hours: Ele – 3 hrs/day; Mid – 3 hrs/day; High - 5 hrs/day

_____ _____ _____
Summer School Site Signature Summer School Principal Phone

Send this **ORIGINAL** form to Beth Kirtland, Office of Alternative Education, Suite 219, Pulaski Park. **ATTACH A COPY OF THE TEACHER'S TIME SHEET THAT SHOWS HIS/HER ABSENCE.**

(retain a copy for your files)

FOR OFFICIAL USE ONLY

Approved by: _____ Date _____

Amount to be paid: _____ LDPR # _____

Bek/forms/subpayss