

BALTIMORE COUNTY PUBLIC SCHOOLS
Office of Payroll
2010 TITLE I Extended Year Program (EYP) Substitute Teacher Payroll
Information Sheet
For Use by TITLE I FUNDED SUBSTITUTE TEACHERS ONLY

Substitute's Name _____
Last First Middle

Address _____
City State ZIP

Social Security _____ - _____ - _____ Phone _____

REQUIRED: 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))

ESY School Site Signature Summer School Principal Phone

Send this **ORIGINAL** form to **Ernestine Jones**, Office of Title I, **Building B**,
Greenwood. **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 # _____