BALTIMORE COUNTY PUBLIC SCHOOLS

SEMS SUBSTITUTE CORRECTION FORM

Office of Payroll **410.887.4240**

Substitute Employee Management System (SEMS) Correction Form for SUBSTITUTE Administrators, Teachers, and Nurses

Instructions: Use this form to report any adjustments to time worked by SUBSTITUTE administrators, teachers, or nurses previously reported in the SEMS. Substitutes are paid in half day increments (i.e., .5 = half day; 1.0 = full day). Email the completed form to your Payroll Clerk at the end of each pay period. Print a copy for your records and be sure that it is signed by the person completing the form and the appropriate administrator. Retain for audit purposes.

PAY PERIOD END DATE	SUBSTITUTE'S SOCIAL SECURITY NUMBER	PRINT SUBSTITUTE'S NAME		TIME REPORTED WORKED IN SEMS			NEW OR CORRECTED TIME WORKED		
		LAST	FIRST	.5 OR 1.0	DATE	LDPR*	.5 OR 1.0	DATE	LDPR*

School and Location Number: _____

*Labor Disttribution Profile

_____ _____

Signature of Person Completing this Form **Phone** **Signature and Title of Appropriate Administrator** **Date**