



Orange Township Public School District INTERNAL SUBSTITUTE PAYROLL FORM

School: _____ Name of Teacher: _____

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

Name of Absent Teacher: _____
Date: _____ Time Spent: _____

--	--

****Total Time:** _____ (Report in minutes or periods)

TEACHER'S SIGNATURE: _____ **DATE:** _____

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

PAYROLL APPROVAL _____ **DATE:** _____

****To be reported in minutes if elementary or class periods if secondary. (Elementary requires a minimum of 45 minutes).**

****Total time must not exceed 225 minutes or 6 periods per form.**This form must be submitted to the Business Administrator at the end of each month when coverage times equals **225** minutes for elementary or 6 class periods for secondary as per the negotiated agreement, Page 23, Article XIV – Teaching Hours and Teaching Load**