



**REQUEST FOR SUB-DEDUCT PAY**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee No.: \_\_\_\_\_

Primary Building Location: \_\_\_\_\_

I am requesting \_\_\_\_\_ days of sub-deduct pay. I realize the cost of the substitute (\$90 full day / \$45.00 half day) will be deducted from my pay for each day.

Reason for request: \_\_\_\_\_  
\_\_\_\_\_

Dates I am requesting sub-deduct pay are:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_

Asst. Supt. of Human Resources: \_\_\_\_\_

*Note: Failure to submit this form by the end of the payroll cycle in which the sub-deduct days are paid can result in unpaid day(s).*