



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 (\$110 full day / \$60.00 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).