PAY VOUCHER FOR CLASSIFIED STAFF SUBSTITUTES

Name of Substitute: _____

Address: _____

School: _____ For Period From _____ to _____ inc.

Date	Hours* From	Hours* To	Total	School	Name of Absentee / Job

*Note: Please list the total hours worked – DO NOT INCLUDE THE HOURS FOR LUNCH.

_____
Certified by: (Administrator's Name)

_____
Business Manager

12/09

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