



Substitute Compensation Request

Date of request: _____

Name: _____

Position: EA TA Secretary
(circle one)

School Location: BHS DAVIS JGMS LANE

What position are substituting for: EA TA Teacher Secretary (circle one)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Subbing For					
Hours					

Total amount requested: _____ (\$4.00 EA-TA or \$12.00 EA/TA – Teacher)
(hours x rate = total) **Max hours 6.5 per day**

Account Number: _____

Approvals:

Principal: _____

Date: _____

Superintendent: _____

Date: _____

HR date recd: _____ Payroll date recd: _____

DUE THURSDAY BY 8:00 AM

Email linda_donovan@bedfordps.org