Ballston Spa Central Scho	ol District	Payroll
NOTE: This form must be submitted to the Payroll Office daily.		
Substitute Type: Tead	cher Nurse Teacher Assista	nt
Last Name: Please Print Clearly	First Name: Please Print Clearly	•
I hereby request payment for the substitute teaching assignment listed below:		
Type of Service:	Full Day Half Day AM If Half Day, Indicate AM or PM	PM
Date of Service:		
School Building:		
Substituted for:		<u></u>
Substitute Signature:		
Authorized Approval:		

Rev: 02/2016