

Substitute Form

I certify that _____ (substitute's name) substituted for
_____ (faculty member's name) on _____ (date).

Classes covered:

1. _____ (class covered) _____ teacher covered
2. _____ (class covered) _____ teacher covered
3. _____ (class covered) _____ teacher covered
4. _____ (class covered) _____ teacher covered
5. _____ (class covered) _____ teacher covered

Therefore, please reimburse _____ (substitute's name) for
\$75 (full day: 3+ classes) or \$20 each for one or two classes.

Furthermore, _____ (substitute's name) has filed
his/her NC-4 and W-4 forms with our Business Office.

Substitute's social security number: _____

Substitute's address: _____

Substitute's telephone number: _____

Signed by:

Jay Bonner
Associate Head
Assistant Head for Academic Affairs

Modified 12/2007