



PIKELAND CUSD # 10

Name: _____

Month & Year: _____

MONTHLY INTERNAL SUBSTITUTE REPORT

Date of Coverage	Reason	Actual Minutes Covered	Name of Regular Teacher	Same Day Request SDR	Admin Review Minutes
				SDR	
				SDR	
				SDR	
				SDR	
Date of Coverage	Reason	Actual Minutes Covered	Name of Regular Teacher	Advance ADV	Admin Review Minutes
				ADV	
				ADV	
				ADV	
				ADV	
				ADV	

Employee signature: _____

<p><i>Office Use Only</i></p> <p>Internal Sub Duty Admin Approved: _____ <small>Initial Date</small></p> <p><i>Payroll Use Only</i></p> <p>Reg. Pay Hours _____ SDR Pay Hours: _____</p> <p>Rate Per Hour: \$20.08</p> <p>Rate Per Hour Same Day Requested: \$25.10</p>

DUTY IS TO BE REPORTED BY THE END OF EACH MONTH AND TURNED INTO THE BOARD OFFICE BY THE 3RD OF THE FOLLOWING MONTH FOR PAYMENT