

**SEDONA-OAK CREEK JUSD #9**  
 221 Brewer Road Suite 100  
 Sedona, AZ 86336

Certified or Classified  
**SUBSTITUTE PAY SHEET**

**This form must be filled out completely.**

Substitute Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Substituted for: \_\_\_\_\_ Room # \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Location: \_\_\_\_\_

Date	Certified Substitute:		Classified Substitute:	
	1/2 day	1 day	Hour from:	to:
_____	1/2 day	1 day	Hour from: _____	to: _____
_____	1/2 day	1 day	Hour from: _____	to: _____
_____	1/2 day	1 day	Hour from: _____	to: _____
_____	1/2 day	1 day	Hour from: _____	to: _____
_____	1/2 day	1 day	Hour from: _____	to: _____
<b>TOTALS:</b>	_____	_____	_____	_____
Rate of Pay:	\$ _____ /day		\$ _____ /hr X _____ = _____	

Key # \_\_\_\_\_ issued Out \_\_\_\_\_ In \_\_\_\_\_

Substitute Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Reason for Leave:  
 Sick: \_\_\_\_\_ Professional: \_\_\_\_\_  
 Any Reason: \_\_\_\_\_ Other: \_\_\_\_\_

Leave Request on File: \_\_\_\_\_  
**WHITE-District Office      YELLOW-School Office      PINK-Substitute**