



FORT EDWARD UNION FREE SCHOOL DISTRICT

220 BROADWAY
FORT EDWARD, NEW YORK 12828
(518) 747-4529

TA Substitute for Teacher Payment Request Form

This form must be completed and submitted to the office at the end of the business day that services were provided for payroll purposes.

Name: _____

Title: _____ Date: _____

Building: _____

Name of Teacher substituted for: _____

Time Frame worked: From _____ To _____

Reason why (emergency/no sub available/etc): _____

Name of Substitute: _____

Time Arrived: _____

TA's Signature: _____ Date: _____

Approved by: _____ Date: _____
(Administrator)

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**To be completed by Business Office:**

Whenever a teacher is absent (out of school) and a TA or aide is assigned to cover for that teacher, he/she will be paid one and one-half times his/her hourly rate for each hour or portion thereof spent in the assignment.

Employee's Name: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Payroll Period: \_\_\_\_\_

Payroll Signature: \_\_\_\_\_