

**SUBSTITUTE PAY REQUEST FORM FOR
SUBSTITUTE LPN**

Important Notes for School Administration

All requests must be pre-approved by the Health Services Supervisor and the Division of Human Resources prior to the first day worked.

Substitute must serve for more than 20 consecutive days before the higher pay begins. Pay will be retroactive to the first day worked and will be paid on the regular payday for the attendance period in which the 21st day is met.

Name of School: _____

Name of substituting LPN: _____

Employee Number: _____ Date Assignment begins: _____

Daily Rate of Pay: **\$90.00**

G/L #: _____

Information on Employee the Substitute is replacing

Name: _____

Reason for absence: _____ Request for leave on file: _____

Last day worked: _____ Anticipated return: _____

Principal's Signature

Date

Health Services Supervisor's Signature

Date

To be completed by the Division of Human Resources

_____ Nursing License
_____ Background Check Complete
_____ HR Clearance

_____ Misc. HR Forms Completed
_____ Nextgen Data Entry Completed

Signature of Executive Director or Manager

Date Approved

Date Authorization to Payroll: _____ **Attn:** _____

Pay \$100.00 per day retro to: _____