FINDLAY CITY SCHOOLS
SUBSTITUTE PAY CLAIM

Form 17

Rev: Jan. 2001

Make a separate report for each claim.
Claims are paid only upon completion and submission of this report.
Claims must be in the office of the payroll clerk on pick-up day.

NAME OF SUBSTITUTE	DATE OF TEACHING	TOTAL DAYS/CODE

_____ _____

Signature of Teacher
(for whom substituting was done)

Signature of Principal

_____ _____

Signature of Substitute

Date