

MPSD  
In School Substitute Claim Form

Your Name: \_\_\_\_\_

<b>DATE</b>	<b>PERIOD OR START/STOP TIME</b>	<b>SUBBED FOR</b>

Staff Signature \_\_\_\_\_

Administration Approval \_\_\_\_\_ Date \_\_\_\_\_

The sub rate is \$14 per period subbed.