

NAME: _____
Teacher or Worker

MINERAL POINT SCHOOLS

Claim for Payment Check One

In-School Substitution

Date _____

1. List the dates and periods worked:

DATE	PERIOD	SUBSTITUTED FOR:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Number of periods/hours worked for In-School Substitution x \$14.00
= _____

Please return to the H.S. office.

Signature of Worker

Social Security Number

Signature of Administrator

Approved for payment

Date of payment _____

Total Amount of Claim _____
Federal Tax _____
State Tax _____
Soc. Sec. _____
Retirement _____
AMOUNT OF PAY _____