

Check one:  
 Sub Teacher  
 Sub Custodian  
 Sub Aide  
 Sub Food Service

Long-term Substitute  
 Check one:  
 Yes  No



**Division of Human Resources**  
**SUBSTITUTE RECORD**

**SUBSTITUTE INSTRUCTIONS:**

1. Complete Section A and sign.
2. See the back of your substitute identification card for your payroll information. **YOU MUST BE AN APPROVED SUBSTITUTE FOR THE CURRENT SCHOOL YEAR TO RECEIVE PAY.**
3. Inform Personnel Services Department of any address change. Your check or payroll advice with direct deposit information will be mailed to the current home address listed in your personnel records.

**WORKSITE INSTRUCTIONS:**

1. Complete Sections B and C.
2. Attach leave or separation form of regular employee for whom substitute worked.
3. Submit form with attachment to Payroll Department by deadline indicated on payroll calendar.

**SECTION A: To be completed by Substitute**

Name: \_\_\_\_\_ Employee ID No: \_\_\_\_\_  
Last First Middle Initial

No. Days Worked: \_\_\_\_\_ Total No. Hours Worked: \_\_\_\_\_ Dates Worked: \_\_\_\_\_ / \_\_\_\_\_  
Beginning Ending

Substitute Signature: \_\_\_\_\_

**TIME SHEET**

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of Hours					
Number of Hours					
	Monday	Tuesday	Wednesday	Thursday	Friday
Date of Hours					
Number of Hours					

**SECTION B: To be completed by Worksite**

Substitute for: \_\_\_\_\_  
**Appropriate form (Application for Leave, Separation from Service) must be attached.**

Location No.: \_\_\_\_\_ Location Name: \_\_\_\_\_

**CHECK REASON APPLICABLE (Substitute cost will be coded to 9019):**

<input type="checkbox"/> Military Leave	<input type="checkbox"/> Vacation	<input type="checkbox"/> FMLA (Family and Medical Leave Act)
<input type="checkbox"/> Court Leave	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Acting Principal or Acting Dean
<input type="checkbox"/> TDE (Temporary Duty Elsewhere)	<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Chaperone Students
<input type="checkbox"/> ACEA (Alachua Co. Education Assn.)	<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Vacancy
<input type="checkbox"/> Illness-in-Line-of-Duty Leave (first 10 days)	<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Other (requires Personnel authorization) Description: _____

Fund (L4): (Circle One) 0100: 0410: 0420 Project (L5): \_\_\_\_\_  
 \_\_\_\_\_  
 Principal or Designee Signature

**SECTION C: To be completed by Worksite**

If a substitute is used for a reason other than those listed above, the applicable code number (refer to PYE 810 sub code list) must be indicated below and signed by the person authorizing payment.

Code Number \_\_\_\_\_ Distribution Description \_\_\_\_\_

\_\_\_\_\_ Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_