

**ELL-SALINE UNIFIED SCHOOL DISTRICT 307
SUBSTITUTE TEACHER PAYROLL INFORMATION**

You will be paid from the information on this sheet.

Please submit all monthly hours to the District Office no later than the third working day of the following month. Please note that late submission of form will cause a one month delay in payment.

Name	If you have a change of address: MARK IT IN RED
------	--

PLEASE PRINT

Address	Social Security #	Phone #
---------	-------------------	---------

A W-4 Form MUST be on file in USD 307 Payroll Office in order for you to receive payment.
--

MAIL TO: USD 307 Payroll Office
PO Box 157
Brookville, KS 67425

Date Taught	Approved By	<i>Para coverage goes on the white timesheet.</i> Teacher for whom taught:	Amount of time worked			Mileage (If Applicable)
			8-12 AM	12-4 PM	8-4 Full Day	

Signature of Substitute

Please note: Due to the Health Care Reform regulations, we are closely monitoring "part-time" worker's monthly hours.