



BRUSHTON-MOIRA CENTRAL SCHOOL DISTRICT
BRUSHTON, NEW YORK

CLAIM FORM – SUBSTITUTE TEACHER

This is to certify that I, _____
Last First M.I.

Last 4 Digits of Social Security Number: __ __ __ __ have substituted for

_____ on the following date(s): *(Please indicate hours when less than full day)*
Teacher's Name

Certification Status (Check One):

Certified Teacher 4 Year Degree 2 Year Degree
\$80 Per Day \$65 Per Day \$55 Per Day

FIRST TIME TEACHERS MUST SUBMIT PHOTOCOPY OF CERTIFICATE

Were Lesson Plans Available? Yes No If yes, could you use them? Yes No

Signed: _____ Date: _____

Approved By: _____ Date: _____

Administrator/Supervisor

Tutoring: Please fill out tutoring substitute sheet.

PLEASE NOTE: If substituting in a non-teacher position such as Monitor and/or no degree – the rate of pay is minimum wage. Please fill out Support Staff Claim Form.

TOTAL DAYS _____ x RATE PER DAY \$ _____ = TOTAL \$ _____

CODE(S):

- A-2110-140-00 (Substitute Teacher)
- A-2250-170-00 (Substitute Special Education)
- FRDG-2330-260-07 (Reading First)