

6

NORMAN PUBLIC SCHOOLS

SUBSTITUTE TEACHER PAYROLL CLAIM

SCHOOL _____

DATE _____

NAME _____

SOCIAL SECURITY NUMBER _____

DATES WORKED FROM		TO	NO. DAYS	PAYROLL OFFICE CODES	TEACHER'S NAME	SUBJECT	REASON FOR ABSENCE

OFFICE USE ONLY			
TOTAL # DAYS	OFFICE CODE	AMOUNT	

Employee's Signature _____

Supervisor's Signature _____

NPS FORM 41052 (3/89)

6

NORMAN PUBLIC SCHOOLS

SUBSTITUTE TEACHER PAYROLL CLAIM

SCHOOL _____

DATE _____

NAME _____

SOCIAL SECURITY NUMBER _____

DATES WORKED FROM		TO	NO. DAYS	PAYROLL OFFICE CODES	TEACHER'S NAME	SUBJECT	REASON FOR ABSENCE

OFFICE USE ONLY			
TOTAL # DAYS	OFFICE CODE	AMOUNT	

Employee's Signature _____

Supervisor's Signature _____

NPS FORM 41052 (3/89)