



NEW CANEY INDEPENDENT SCHOOL DISTRICT SUBSTITUTE REPORTING FORM

Substitute Name (Please Print)

Employee (Sub) Payroll ID#

Area/Grade Level of Certification (If Applicable)

Budget Code

Campus

Budget Code

School Year

Reporting Period

Pay Date

Total Amount Due

	Date	Substituting For (Name/Position)	CHECK ONE		CHECK ONE		Check if SPED Special Needs
			Teacher	ParaProf	Full Day	Half Day	
MON							
TUES							
WED							
THURS							
FRI							

MON							
TUES							
WED							
THURS							
FRI							

MON							
TUES							
WED							
THURS							
FRI							

I verify the above information is true and correct.

Employee Signature

Date

Approval of Principal

Date