

PARAEDUCATOR

TO BE COMPLETED BY SUBSTITUTE PARAEDUCATOR

Name of Substitute:	Name of Paraeducator substituted for:
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Address	City	State	Zip
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Enter each date on a separate line – enter each Paraeducator substituted for on a separate sheet.
 *Complete miles column only if **round trip** from residence to work is over 20 miles for each day worked.
 (Mileage reimbursement will be calculated by the business office based on the current approved rate.)

Date	Workplace (District or Building)	Full day	Half Day	*Round Trip Miles

Total Miles _____	Signature of Substitute _____
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TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR

Name of Paraeducator	Date of absence(s)	Number of full days	Number of half days
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Reason: _____

Signature of Principal or Supervisor _____	Date _____
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TO BE COMPLETED BY PROGRAM DIRECTOR

<u>Deductible from allotted Leave</u> <input type="checkbox"/> Sick <input type="checkbox"/> Family Illness (per policy) <input type="checkbox"/> Personal Leave (per policy)	<u>Nondeductible</u> <input type="checkbox"/> Death in Immediate family <input type="checkbox"/> Death of a relative <input type="checkbox"/> Emergency/urgency (explain) _____ <input type="checkbox"/> Jury duty/subpoena <input type="checkbox"/> In-service, workshop or conference	<u>Deduct from pay</u> <input type="checkbox"/> Approved absence <input type="checkbox"/> Unapproved absence
Signature, Program Director _____	Signature, Executive Director _____	Date Approved _____

Note to Principals & Supervisors - Please return completed reports on Friday of each week to:
**Seneca Highlands IU9
 119 S. Mechanic Street
 Smethport, PA 16749**

Payroll checks are issued every two weeks. Reimbursement for travel will be made once each month following the regular meeting of the Intermediate Unit Board of School Directors (the 3rd Monday).