

## Paraprofessional Subbing Documentation Form

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Assignment / Program: \_\_\_\_\_

If you are a one-on-one para, was your student absent this day? YES NO N/A

Name of Supervisor Who Approved the Subbing: \_\_\_\_\_

Staff member covered for:

Date: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Timeframe: \_\_\_\_\_

Date: \_\_\_\_\_ Paraprofessional Name: \_\_\_\_\_ Timeframe: \_\_\_\_\_

\_\_\_\_\_  
Paraprofessional Signature

\_\_\_\_\_  
Date

Circle One:  
Approved / Denied

Reason denied:

Circle One:  
½ Day Teacher Sub / Full Day Teacher Sub / ½ Paraprofessional Sub / Full Day Paraprofessional Sub

\_\_\_\_\_  
Supervisor/Administrator Signature

\_\_\_\_\_  
Date

Form must be submitted to the payroll secretary in the building prior to the payroll deadline. Any form submitted late will not be processed for payment. When the subbing occurrence happens after the payroll deadline for that pay period, the form may be submitted on the following payroll.