

**Northwest Ohio Educational Service Center**

205 Nolan Parkway, Archbold, Ohio 43502-8404  
NwOESC Business Office Phone 567.444.4806

**SUBSTITUTE PAYROLL FORM**

Substitute's Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Recent address or phone number change? Please check here

Classroom Location: \_\_\_\_\_ TEACHER PARAPROFESSIONAL  
(circle one)

Please complete one form per site worked. Return this form to address above. Substitutes are paid in full or half day increments. To comply with ACA requirements, we are also requesting documentation of start and end times.

Name of NwOESC employee you are subbing for:	Date	Full Day	Half Day	Start Time	Out for Lunch	Back from Lunch	End Time	Total Hours

Total Hours \_\_\_\_\_

Comments/Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the times stated above are accurate and truly reflects my work schedule.

\_\_\_\_\_  
Substitute Signature Date School District Representative Date

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**BUSINESS OFFICE USE ONLY**

Total Days \_\_\_\_\_ X Rate \_\_\_\_\_ = AMOUNT: \$ \_\_\_\_\_