

Catholic Diocese of Memphis
Substitute Teacher Form

Request for Payment

Location: _____

Substitute Name: _____

Amount of Pay: _____

Teacher Substituted for: _____

Date(s) Absent: _____

Amount to be deducted from teachers pay: _____

All substitute teachers **must have an I-9 form, W-4 and direct deposit form in order to receive compensation.** Payroll will be processed approximately 1 week from the pay date. Substitute requests received after that will be processed the following month.

Principal Signature _____

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