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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