

Northwest Georgia Network for Educational and Therapeutic Support
Substitute Payroll Form

Please complete **ALL** sections. **Incomplete forms will not be processed.** It is **YOUR** responsibility to complete the form and turn it in for processing. Only **original** Substitute Payroll Forms will be processed – **no faxed copies are allowed.** Forms received in the Rome Office by the 20th of the month will be paid that month. Forms received after 20th of the month will be processed for payment the following month. All substitute payroll checks will be mailed on the last working day of the month. **Send completed forms to: Pam Warren, 3167 Cedartown Highway, Rome, GA 30161. ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED OR WILL BE RETURNED TO YOU! June is the last month subs can be paid for the school year. All forms must be received by June 15th to make June payroll!**

Name: _____ DOB: _____

Email Address: _____

Social Security Number: _____

Your Education Level: High School Diploma
 Associate Degree Bachelor Degree or higher

Mailing Address: _____

City, State, ZIP: _____ Home Phone: _____

Required by the US Department of Education - Race/Ethnicity: (Check one or more of the race indicators)

Hispanic or Latino; American Indian or Alaska Native; Black; White; Asian; Pacific Islander

Federal/State Tax Withholding Options: Single Married # of Dependents: _____

Have you received Substitute Teacher Training? YES NO Where? _____

Did you read and understand the Substitute Employee Notice posted in the classroom regarding physical restraint maneuvers?
 YES NO

SUBSTITUTE WORK INFORMATION:

*Date(s) worked as substitute: _____

*Time Worked: _____ IN _____ OUT

Name of School where you substituted: _____

*Name of Employee for whom you substituted: _____

I hereby acknowledge that the above information is true and correct, and I submit this form to request payment for the substitute service as listed above.

*Signature of Substitute

Date

I hereby verify that the above-named individual provided the substitute services as listed above.

*Signature of GNETS Teacher/Parapro.

Date

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

Employee # _____

Number of Days Worked: _____

Total Amount Due: _____

Amount Paid Per Day: _____

Acct. # 1000-114 1000-113

SYSTEM REIMBURSEMENT

Signature of GNETS Director

Date

System: _____