Wood County Educational Service Center 1867 N. Research Drive, Bowling Green, OH 43402 Phone: 419.354.9010 Fax: 419.354.1146

Email to: payroll @wcesc.org

Classified Substitute Payroll Time Slip

Substitute's Printed Name:					
Substitute Address:					
Substitute Phone Number:					
Are you retired from STRS or SERS	;;	If	so, chec	k one: □ SERS □ STRS	
Classroom location where you subb	ed:				
Please complete one form	ı for EA	CH si	ite WO	<u>PRKED</u>	
This form MUST be	submitt	ed to	the er	nail address above to	receive payment.
Name of Regular Employee	Date Worked	1/2 Day 0 - 4 Hrs	1 Day 4.01 - 8 Hrs	Comments / Notes	Payment Calculation
		1110			
Substitute Signature D		Dat	te	Authorized Signature	Date
**********	*****		****** roll Offi	**************************************	********
Budget Code:				Total Amount Paid:	
Budget Code:				Date Paid:	
Budget Code:				JOB No:	