

Prairie Lakes AEA

Substitute Paraeducator Pay Form

Substitute Name: _____

Address: _____

Social Security Number: _____

Location: _____

Substituted For: _____

Date Substituted: _____

Hours Worked: _____

Total Pay: _____

Substitute Signature: _____

Supervisor Signature: _____

Please submit to Brenda Hebert in the Business Office.