ST. LUCIE PUBLIC SCHOOLS, FLORIDA

NON INSTRUCTIONAL SUSTITUTE REPORT

NAME OF SUBSTITUTE_____ SCHOOL_____
(Circle One) AIDE F.S. B.D. CUST. B.AIDE

**SOC. SEC. #_____ PAYROLL PERIOD_____

DATE WORKED	HOURS WORKED	EMPLOYEE FOR WHOM SUBSTITUTE WORKED		
		**SOCIAL SECURITY #	JOB ID#	NAME
		TOTAL NUMBER OF HOURS WORKED THIS PAYROLL		

COMMENTS:

**Social security numbers are collected, and will only be used, in order to conduct background checks, and, once hired, to process payroll/personnel action, employment benefits, and retirement benefits.

This form is to be completed for each non-instructional substitute employed during the payroll period.

White: Payroll Canary: School PAC0006 Rev. 10/14