

SUB PAYROLL SLIP

**RETURN BY THE 14th AND 29th OF EACH MONTH
ATTN: SUB COORDINATOR**

RETURN TO: Southwest Cook County Cooperative
Association for Special Education
6020 West 151st Street
Oak Forest, IL 60452

Substitute for: _____
Teacher: _____ Paraeducator: _____ 1:1 Paraeducator: _____
Full day: _____ Half Day: _____

PLEASE PRINT!

NAME: _____
S. S. # (ONLY LAST 4 DIGITS) _____
ADDRESS: _____
CITY/STATE/ZIP: _____
SCHOOL: _____ **DISTRICT:** _____
PROGRAM: _____

DATE: _____ **SITE SIGNATURE:** _____
DATE: _____ **SITE SIGNATURE:** _____
DATE: _____ **SITE SIGNATURE:** _____
DATE: _____ **SITE SIGNATURE:** _____
DATE: _____ **SITE SIGNATURE:** _____

PLEASE FILL OUT ABOVE INFORMATION COMPLETELY

Substitute Signature _____ Date: _____

Office Use Only	Program Budget _____	District Budget _____
Account Number	_____	
Date Received: _____	Pay Date: _____	_____

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