

Substitute Payment Form

Escambia County Board of Education

***Provide copies of professional development forms or other leave documentation**

School Name: _____

Total Amount Paid: \$ _____

Check Number: _____

Substitute Amount:	\$ _____
Account Number:	_____
Date(s) Being Paid:	_____
Employee Name:	_____

Substitute Amount:	\$ _____
Account Number:	_____
Date(s) Being Paid:	_____
Employee Name:	_____

Substitute Amount:	\$ _____
Account Number:	_____
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