



REQUEST FOR SUBSTITUTE ADJUSTED PAY

Printed Name: _____

I am requesting an adjustment to my pay for the following reason(s):

- I have recently received a license and/or endorsement. I am attaching a copy of the license/endorsement.
I am a newly retired teacher from an FCSU member school and have no break in service*.

For the following items, please document the time below and have it approved by your supervisor:

- I have accrued time from the current/previous year(s) without a break in service*

*A break in service is defined as not being paid for one year or more.

Table with 3 columns: Date(s) you worked, Location, Approval**. Multiple empty rows for data entry.

**Sub coordinators must initial, verifying the information as listed

Substitute: Any rate increase will begin only after documentation is received; it is not retroactive. The documentation and timely submission to payroll is the responsibility of the substitute.

Signature: _____ Date: ____/____/____

Payroll Coordinator Use: