

Use this form for substitutes for Lead Mentors who attend required Tier I or Positive Behavior Support Training and for Mentors who attend the Tier I training. Give the form to your office person in charge of subs to fill out and have them send the form to Connie Gibbens at the PD Center @ Ann Richards School. Ms. Gibbens will fill in the account #.

SUBSTITUTE CHARGE AUTHORIZATION FORM

AFTER ACTIVITY COMPLETED

Submit to Comptroller's Office With ALL Required Signatures

**IMPORTANT: Use this form only if the activity is being paid
from an account other than 199-13-6112-CP-XXX-Y99**

(Campus #)

Today's Date: _____ Acct # _____
(Must be a valid account number)

School #: _____ Prepared by: _____

School Name: _____

School Leave Activity Attended: _____

<u>Job # - Mandatory</u>	<u>Approved Clerk / Teacher</u>	<u>Date(s) of Attendance</u>	<u>Check One</u> <u>Full Day</u>	<u>Half Day</u>	<u>Name of Substitute</u>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

REQUIRED APPROVALS:

Principal Date

Coordinator or Director Date

Finance Date