

IBERIA PARISH SCHOOL BOARD SUBSTITUTE SERVICE INVOICE

Name of Substitute: _____ Emp. #: _____ Month of: _____
SSN if new

Phone #: _____ School Employed: _____

Mailing Address: _____ City, State Zip _____

Retired: Yes (TRSL) Yes (LSERS) No

High School 30+ College Hrs

College Degree Certified Teacher

****By signing below, I certify that all information reported is accurate and I understand that incomplete forms will be returned.****

****If returning after an extended period, please be sure that your DIRECT DEPOSIT info is up to date with the Payroll Department.****

Signature of Substitute (REQUIRED)

Signature of Principal/Supervisor (REQUIRED)

Date	Employee Replaced (FULL NAME)	Time Worked (.25/.50/.75/1.0)	Account Number (If Applicable)	Office Use ONLY (DIST Code/Aide?)
1			-X- -123- - - - -	
2			-X- -123- - - - -	
3			-X- -123- - - - -	
4			-X- -123- - - - -	
5			-X- -123- - - - -	
6			-X- -123- - - - -	
7			-X- -123- - - - -	
8			-X- -123- - - - -	
9			-X- -123- - - - -	
10			-X- -123- - - - -	
11			-X- -123- - - - -	
12			-X- -123- - - - -	
13			-X- -123- - - - -	
14			-X- -123- - - - -	
15			-X- -123- - - - -	
16			-X- -123- - - - -	
17			-X- -123- - - - -	
18			-X- -123- - - - -	
19			-X- -123- - - - -	
20			-X- -123- - - - -	

PAYROLL DEPARTMENT USE ONLY												
615	654	654(A)	629	651	628	808	808(A)	693	693(A)	650	655	-X- -123- - - -
-X- -123- - - -			-X- -123- - - -			-X- -123- - - -			-X- -123- - - -			