

**BOYCEVILLE COMMUNITY SCHOOL DISTRICT
CLAIM FOR SUBSTITUTE WORK DURING PREPARATION TIME**

NAME: _____

DATE OF SUBSTITUTION: _____

SUBSTITUTED FOR: _____

PERIOD: _____ AMOUNT: ☐ \$25.00 (MS/HS PREP) ☐ \$15.00 (TCE PREP)

SIGNED: _____ DATE: _____

PRINCIPAL'S APPROVAL: _____

SUPERINTENDENT'S APPROVAL: _____

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