

RANDOLPH PUBLIC SCHOOLS
FINANCE OFFICE
SUPPORT PERSONNEL SUBSTITUTE COMPENSATION VOUCHER
2017-2018

Date: _____

Name of Support Person: _____

Date of substitute coverage: _____
(Each day of coverage requires a separate form)

Substituted for: _____

TOTAL: \$ _____

Please check appropriate box

One to three hours of coverage = additional \$20.00 per day

Three hours to full day of coverage = additional \$35.00 per day

Full day of coverage = additional \$45.00 per day

Approval of Administrator _____