



Penn-Harris-Madison School Corporation

Substitute Bonus Program

Please complete this form and return to any building secretary after you have completed ten (10) full days of subbing. Two half days will count as one.

Dates and buildings where job occurred will be listed below.

I understand I will receive seventy (\$70) after this completed form is given to the Payroll Dept. and the Payroll Dept. verifies my time worked.

PRINTED SUBSTITUTE NAME _____

Dates/Buildings Worked:

Date	Please Check the Correct Box	Building
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____
_____	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day	_____

I understand payment will be made upon completion of the 10th work day and payroll's processing schedule.

Substitute Signature

Date Signed

Date Submitted to Payroll Dept.