

SUBSTITUTE PAY AUTHORIZATION

**Region 16 Education Service Center
5800 Bell Street
Amarillo, TX 79109-6230
806/677-5000**

(Please Type or Print)

Participant Name: _____

School District: _____

Campus: _____

School Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

School Phone # _____

Date(s) of substitute services: 9/23/2015 Session # 536048 RCEST PLC

SUBSTITUTE PAY for _____ **day(s) @** _____ **per day**

Total Request: \$ _____

Administrator's Signature _____

Date _____

Please return to: Melissa Shedd
Region 16 ESC
5800 Bell Street
Amarillo, TX 79109-6230
Fax # _____

Fund: 284.13.6497.00.880.699