

North Attleboro Public Schools  
Paraprofessional Substitute Form

Employee Name: \_\_\_\_\_  
(Please Print)

Building: \_\_\_\_\_

Date Worked: \_\_\_\_\_

Time Involved:   Up to 3 hours     \$ 5.00  
                          Over 3 hours     \$ 15.00  
  or Sub Differential

Day	Time In	Time Out	Teacher	Reason	Grant
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Employee Signature: \_\_\_\_\_

Authorized By: \_\_\_\_\_

Building Principal: \_\_\_\_\_

Please submit completed forms to the Payroll Office

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