



**SUBSTITUTE
 Personnel Action
 Request Form**

Substitute Employee Name

*(First Name, Middle Initial, Last Name
 as stated on the Social Security Card)*

Social Security Number

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OFFICE USE ONLY

P/T entered by: _____
 Approved by: _____

EIN:	PIN:
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- 1. **School Year** (*i.e.* 2013-14) _____
- 2. **Date voted by local church/school board** _____
- 3. **Additional Comments (optional)** _____

Before signing, please make sure that all information on this form is completed to avoid processing delays.

- 4. **Authorized Local Employer’s Signature** _____ **Date** _____
- 5. **Print Your Name** _____ **Your Title** _____
- 6. **Name of Church/School You Represent** _____