Divided Class Form

MUST be completed and scanned to DPS payroll@daytonpublic.com

Payroll date: Week ending _			
If a substitute teacher is not members, those profession which would have been paid	al staff members shall equa	ally share the compensa	
Date of Service			
Absent Teacher Name	Employe	ee ID#	
Total # of hours covered			
Name	Employee ID#	Time Worked	Period
	_		
	_	_	
	_	_	
Principal's Signature	Date:		
School:	Payroll use only: amount to pay		