

SUBSTITUTE TEACHER PAY RATE INCREASE REQUEST FORM

Date: _____ Employee ID #: _____

Name: _____ Phone #: _____

Date of 61st Day: _____ Confirmation #: _____

Employee Signature: _____

Pay increase of \$10.00 per day based on completion of 60 full days of substitute teaching assignments with Medina Valley I.S.D. Pay increase will be effective on the 61st day. If the 60 days are not maintained annually, the pay will revert back to the established base rate. This is a one-time increase. Pay **does not** increase each time you work 60 days. **It is the responsibility of employee to submit request form. The increase will not be retroactive to a prior school year.**

APPROVAL-FOR OFFICE USE ONLY:

Date Received: _____ Date Verified: _____

Signature: _____ Date: _____

Jason Migura, Director of Human Resources

