

## Recommendation for Payment of Per Diem Substitute

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This recommendation is to be used for payment of per diem substitutes who have been employed for the same staff person for 20 consecutive days. The 21<sup>st</sup> commences the daily rate of Step 1 payment for teachers, teaching assistants, teaching assistants for crisis intervention, teacher aides and interpreters.

TO:	District Superintendent	From:	
	•	From: Signature of Program Administ	rator
DATE:			
I am recom	nmending the following person for payment	as a per diem substitute:	
NAME: _			
JOB TITLI	E:		
DIVISION	J:PROGRAM:	LOCATION	
CODE:	PAYMEN	T:(Daily rate of step 1)	
SUBBING	FOR:	DATE SUBBING BEGAN:	
EFFECTIV	VE DATE OF 21st CONSECUTIVE DAY:		
APPR	OVEDDISAPPROVED		
Program D	irector signature	Date	
APPR	OVEDDISAPPROVED		
Human Res	sources Administrator Signature	 Date	

- ◆ A snow day or holiday will not constitute a break in time when a substitute is accumulating the 20 days toward per diem.
- ◆ After 21 days, should there be a break such as sickness or personal time, the rate of pay will revert back to the substitute rate.

## SEND COMPLETED FORM AND ANY ATTACHMENTS TO THE OFFICE OF HUMAN RESOURCES

M:\Website Information\Recommendation for Payment of Per Diem Substitute.doc 3-13-23

Dutchess County Board of Cooperative Educational Services
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www.dcboces.org