

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES
HAMILTON-FULTON-MONTGOMERY COUNTIES**

2755 ST HWY 67
JOHNSTOWN, NY 12095

* Current Substitute rates can be found on the HFM BOCES website or by calling 518-736-4390.
* Tax withholdings and ERS/TRS changes can be updated by contacting the Business Office at 518-736-4310.

AESOP Confirmation Number(s): _____

SUBSTITUTE CLAIM FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please indicate if you are a certified teacher: Yes _____ No _____

An employee who works a shift of more than six hours, which extends over the noontime meal period, is required to take a 30-minute meal break.

Per Diem Substitutes (Teachers and Nurses Only)				
School or Class Location Name of Person	Date(s) of Substitution	Half-day or Full-day	Rate per Day	Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

The information given above is a valid claim for services rendered.

Per Hour Substitutes					
School or Class Location Name of Person	Date(s) of Substitution	Start time	End time	Rate per Hour	Amount
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

The information given above is a valid claim for services rendered.

Date _____

Substitute's Signature

**Must be signed
on or after
Substitute's last
date claimed on
this form.**

Date _____

Authorized BOCES Supervisor's Signature

HFM BOCES OFFICE USE ONLY			
Budget account(s)	_____	Business Office 1	_____
	_____	Business Office 2	_____
	_____	Business Office 3	_____
Total \$ for payroll:	_____		