

P.O. BOX 668
INDEPENDENCE, KS 67301

TRI-COUNTY SPECIAL EDUCATION, INTERLOCAL #607

MONTHLY REPORT OF ABSENCES

Name & Location of School: _____ **Pay Period Ending:** _____

Name of Employee	Date of Absence	Name of Substitute (If NONE, so indicate)	Substitute Rate of Pay	Reason for Absence

Report Prepared By: _____

A W-4 Form is to be submitted for each substitute unless previously submitted to Tri-County Interlocal 607.
Pay periods end on the 10th of every month and *Report of Absences* should be mailed immediately in order to reach this office no later than the 12th of the month.
Any substitutes reported after the 12th of the month, will have to wait until the following month for payment.