Newfoundland Labrador

Substitute Sick Leave Request For Payment - Student Assistants

School/Location Code | | | | | | | School Name: _____

Social Insurance Number	Employee ID	Empl Rcd	Last Name, First Name	Date mm/dd/yy	Hours

_____ _____
Principal Signature Date

_____ _____
Authorized District Signature Date

Teachers Payroll Use Only: TCAS Code - 66 - Hourly Paid Sick - Student Assistant