

BALTIMORE COUNTY PUBLIC SCHOOLS

Office of Payroll

Fax Number: (410) 887-7610

SEMS SUBSTITUTE CORRECTION FORM

Substitute Employee Management System (SEMS) Correction form for SUBSTITUTE Administrators, Teachers, and Nurses

Instructions: Use this form to report any adjustments to time worked by SUBSTITUTE administrators, teachers or nurses previously reported in SEMS.

Substitutes are paid for hours worked. E-mail the completed form to your area payroll clerk at the end of each pay period

Print a copy for your records and be sure that it is signed by the person completing the form and the appropriate administrator. Retain for audit purposes.

PAY PERIOD END DATE	SUBSTITUTE'S EMPLOYEE ID OR SS NUMBER	PRINT SUBSTITUTE'S NAME		TIME REPORTED WORKED IN SEMS			NEW OR CORRECTED TIME WORKED		
		LAST	FIRST	HOURS	DATE	LDPR*	HOURS	DATE	LDPR*

*Labor Distribution Profile

School and Location Number

Signature of Person Completing this Form

Phone Number

Signature and Title of Appropriate Administrator

Date