

SUBSTITUTE TEACHER RECORD:

Name _____ Social Security # _____

Teacher Substituting For: _____

Please complete this area as correctly as possible. Thank You.

Week Beginning: _____

	All Day	A.M.	P.M.
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Substitute's Signature _____ Date: _____

Principal's Signature _____ Date: _____