

# SOUTHEASTERN CALIFORNIA CONFERENCE OFFICE OF EDUCATION

## Substitute Teacher Time Report

NAME OF SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF SUBSTITUTE \_\_\_\_\_

DEGREE HELD \_\_\_\_\_

SOCIAL SECURITY \_\_\_\_\_

EXEMPTIONS CLAIMED \_\_\_\_\_

FULL TIME STUDENT \_\_\_\_\_

NAME OF TEACHER SUBSTITUTED FOR \_\_\_\_\_

REASON FOR ABSENCE \_\_\_\_\_

Date _____	Please mark what time of the day you worked										Office Use	
	7	8	9	10	11	12	1	2	3			All or Part of Day
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
<b>TOTAL</b>												

We Hereby certify that the above is a true and correct statement.

\_\_\_\_\_  
SIGNED, SUBSTITUTE

\_\_\_\_\_  
SIGNED, PRINCIPAL

- Copies: 1. Office of Education  
2. Payroll Dept.  
3. School Copy  
4. Substitute

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE