SECC OFFICE OF EDUCATION Substitute Teacher Time Report

Name of School		—— Пе!	em.	Jr. H	ligh	— Пн	.S.										
Name of Cubatitute																	
Name of Substitute																	
Name of Teacher Sul	hctitut/	od E					D.c	eason Fo	r Abso	n c							
ivallie of Teacher Sur	ostitutt	su r	Л				ινε	:asuii FC	n Aust	-1106	5					School	
DAY		7		0	0		10	11	12		1	2		2		Office Use	
	ATE	7		8	9		10	11	12		1	2	-	3		Hours	Amount
Monday		 	<u> </u>														\$
Tuesday																	
Wednesday																	
Thursday																	
Friday																	
Total						-					-		-		-	_	\$
We Hereby certify th	nat the	abo	ve is	a true	e and	cor	rect st	tatemer	nt								
, ,																	
Signed, Substitute									Signed, Principal							_	
												(Copi	es:	1	. Office of Ed	lucation
															2	Payroll Dep	ot.

3 School Copy4 Substitute