

**SECC OFFICE OF EDUCATION
Substitute Teacher Time Report**

Name of School

Elem. Jr. High H.S.

Name of Substitute

Name of Teacher Substituted For

Reason For Absence

DAY	DATE	Reason For Absence									School Office Use Hours	Amount
		7	8	9	10	11	12	1	2	3		
Monday												\$
Tuesday												
Wednesday												
Thursday												
Friday												
Total												\$

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