

SUBSTITUTE SIGN-IN FORM

TYPE OF SUBSTITUTE (CHECK ONE) ___ ETT (\$80)
___ CERTIFIED (\$103)

PAY PERIOD DATES ___ / ___ / ___ TO ___ / ___ / ___

NAME: _____ SS# _____ SCHOOL: _____

Date	Days	Substituted For:	Sub Init.	*Abs Code	Account Number <small>x.xxxx.xxx.162/163.xxx</small>

*Absence Code Must be Noted

Total Number of Days Substituted: _____

Principal's Signature: _____