

Uni

Substitute Teacher Report

Complete in advance of substituting

Substitute Teacher Information:

Name of Substitute: _____
Please print

Teacher I will sub for: _____
Please print

Date: _____ Periods I will sub: _____

Substitute Teacher Signature: _____ Date: _____

Absent Teacher Signature: _____ Date: _____

Approval,
Associate Director: _____ Date: _____

*If the Associate Director is absent, please have the Assistant Director
or Director sign.*

Academic Professionals are not paid for substituting.

Office use only:

The Business Manager will initial his/her copy: _____