

HERSCHER C.U.S.D. #2

SUBSTITUTE TEACHER TIME REPORT

Date: _____ School: _____

Name of Substitute: _____ Emp. # _____

Name of Teacher Absent: _____

Taught: ___ All Day ___ A.M. Only ___ P.M. Only Other _____ (specify)

Substitute's Signature: _____

Principal's Signature: _____

This form is to be completed for each occurrence.