

**CERTIFICATED
IN-HOUSE SUBSTITUTES**

ABSENT TEACHER:	BUILDING:
ACCOUNT NUMBER: <i>(Include budget # for all job-related absences.)</i>	DATE OF ABSENCE: <i>(One day per sheet)</i>

REASON FOR ABSENCE:

SUBSTITUTE INFORMATION

EMPLOYEE NAME KEY	SUBSTITUTE'S NAME (Clearly Printed)	SUBSTITUTE'S SIGNATURE	MINUTES WORKED	<i>PAYROLL USE ONLY: Rate of Pay</i>

PRINCIPAL'S SIGNATURE _____ DATE _____

BUDGET ADMINISTRATOR'S SIGNATURE _____ DATE _____

Return this form to the Payroll Office by the 5th of the month following the day worked.