# Washington County Schools
# Certified Substitute Teacher Time Report

**Name of Substitute Teacher:** _____ **Month/Year:** _____

**School** _____

| Date Worked | For ACA Tracking Only | | Name of Regular Teacher Substitute Replaced | Sick, Personal, or Emergency Day | Conference/ Other | Munis Code/Funding Source | Sub initial |
|---|---|---|---|---|---|---|---|
| | Time In | Time Out | | | | | |
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**Please sign this form on the first work day at this location. Initial by each day worked.**

**To be turned into Central Office on the 1st and 16th of each month**

_____ _____

**Signature of Substitute Teacher** **Date**

_____ _____

**Signature of Principal** **Date**