

ROCKCASTLE COUNTY SCHOOLS

NAME OF SUBSTITUTE _____

MONTH _____

DUE THE 5th of each month for previous month worked

DATE	PERSON WORKED FOR (Specify if ½ Day)	SCHOOL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		

SIGNATURE _____

DATE _____

FOR ALL SUBSTITUTES TO TURN IN EACH MONTH WORKED