

Substitute Report

Information

Substitute Name:		Assignment Date:	
Assignment/Teacher:		Assignment Grade:	
Assignment Location:		School Year:	

Report Details | Report may be shared with the substitute

Recommendation: Block from this school site

Recommendation: Block from this class only

No Recommendation

Admin Name:			
Admin Signature:		Date:	

Please return this form to the Human Resources Department

HR Signature:		Date:	
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