

TEACHER PERIOD SUB TIME CARD

TEACHER:
LAST NAME **FIRST NAME**

TEACHER:
EMP #

DATE SUBMITTED FOR APPROVAL

This card must be signed by teacher providing coverage and site Administrator.

SUBBED FOR:

TEACHER NAME	DATE	PERIOD	BLOCK PERIOD	REASON	FUNDING

I HEREBY CERTIFY that I have period subbed for the teachers and on the days and hours as stated above.

TEACHER'S SIGNATURE: _____

ADMINISTRATIVE APPROVAL: _____