



# VIRGIN ISLANDS DEPARTMENT OF EDUCATION

## SUBSTITUTE TEACHER TIME AND ACTIVITY REPORT



Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

School: \_\_\_\_\_

Activity Code: \_\_\_\_\_

Absent Teacher's Name: \_\_\_\_\_  
(Circle: Absent, Retired, Resigned, or Deceased)

Pay Period Ending: \_\_\_\_\_

Date	11/24	11/25	11/26	11/27	11/28	11/29	11/30	12/1	12/2	12/3	12/4	12/5	12/6	12/7
Time In	-						-	-						-
Out	-						-	-						-
In	-						-	-						-
Out	-						-	-						-
Initial														

\*Record time as a fraction of hours: 15 min = .25; 30 min = .50; 45 min = .75

S	M	T	W	T	F	S	S	M	T	W	T	F	S
-						-	-						-
-						-	-						-
-						-	-						-
-						-	-						-

TOTAL HOURS: \_\_\_\_\_

I hereby affirm that this record is a true and complete statement of my hours and work activity.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's/Director's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval for Disbursement: \_\_\_\_\_

Date: \_\_\_\_\_

Insular Superintendent