

Bolivar-Richburg Central School
Substitute Teacher

Name: _____

Payroll Ending Date: _____

Date	Grade/Subject	Time Frame Worked	Half/Full Day	Teacher Replaced
Ex: 4/12/xx	1st Grade/Math	7:40 - 3:10	Full	Teacher's Name

Substitute Signature: _____

Principal Signature: _____

(Office Use)

Total Days	
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