

SOUTHEASTERN CALIFORNIA CONFERENCE OFFICE OF EDUCATION

Substitute Teacher Time Report

NAME OF SCHOOL _____

ADDRESS _____

NAME OF SUBSTITUTE _____

DEGREE HELD _____

SOCIAL SECURITY _____

EXEMPTIONS CLAIMED _____

FULL TIME STUDENT _____

NAME OF TEACHER SUBSTITUTED FOR _____

REASON FOR ABSENCE _____

Date _____	Please mark what time of the day you worked										Office Use	
	7	8	9	10	11	12	1	2	3			All or Part of Day
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
TOTAL												

We Hereby certify that the above is a true and correct statement.

SIGNED, SUBSTITUTE

SIGNED, PRINCIPAL

- Copies: 1. Office of Education
2. Payroll Dept.
3. School Copy
4. Substitute

ADDRESS

PHONE