

Chehalis School District

CLASSIFIED SUBSTITUTE TIME CARD

NAME _____ SCHOOL _____ MONTH _____ YEAR _____

Date	Hours	Substitute For:	Hours	Substitute For:
1				
2				
3				
4				
5				
6				
7				
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28				
29				
30				
31				

I certify that the hours recorded above are correct.

Substitute Signature _____ Date _____

Supervisor Signature _____ Date _____

(yellow color)