

Chehalis School District

SUBSTITUTE TEACHER TIME CARD

NAME _____ SCHOOL _____ MONTH _____ YEAR _____

Date	AM	PM	SUBSTITUTE FOR:	SUBSTITUTES SIGNATURE
1				
2				
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31				

I certify that the hours recorded above are correct.

Check AM or PM if worked half day.

Check AM and PM if worked full day.

Supervisor Signature _____ Date _____

(pink color)