

Substitute Employee Form

(Please print clearly)

Complete the form below for **each day worked**, even if substituting for the same employee.

Name of Substitute:	_____	Date Substituted:	_____
Substitute ID#:	_____	Substituted For:	_____
Level of Education:	<input type="checkbox"/> Degreed <input type="checkbox"/> Non-degreed <input type="checkbox"/> Degreed-Certified		
Substitute's Signature:	_____		

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