

# SUBSTITUTE TEACHERS REPORT

SUBSTITUTE'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

has substituted \_\_\_\_\_ full days for \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

Which included the following dates: \_\_\_\_\_

REASON: \_\_\_\_\_ Illness

\_\_\_\_\_ Personal Business

\_\_\_\_\_ Professional Improvement

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE-SUBSTITUTE TEACHER

\_\_\_\_\_  
SIGNATURE - PRINCIPAL