Pendleton County Board of Education

Name of Substitute_____
School_____
Month_____
Principal/Supervisor Signature_____

1. Provide the information as requested below
2. It will be the responsibility of the substitute to report to the secretary after each day they teach to complete this form. A form is to be completed at each school at which the substitute works during the month according to the school calendar
4. Indicate number of hours worked
5. Indicate the program from which substitute is to be paid from i.e. Title I, Title II, Step 7, etc.

Date	**Hours worked**	**Name of absentee and substitute signature**	**Account/Program to be** paid **from**
9-1-19	8	Reg. Dawn Halterman Sub.	Sick Leave
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	
		Reg. Sub.	