

# SUBSTITUTE TIME FORM ELEMENTARY

NAME \_\_\_\_\_

TOTAL DAYS \_\_\_\_\_

DATE	TEACHER'S NAME	GRADE/SUBJECT	✓ WHOLE DAY	✓ HALF DAY	TIME IN	TIME OUT

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FOR OFFICE USE ONLY

Days Worked \_\_\_\_\_

Date Paid \_\_\_\_\_

Amount Paid \_\_\_\_\_

Signature \_\_\_\_\_