

MANCHESTER CITY SCHOOLS REPORT OF SUBSTITUTE TEACHING

This is to certify that I, _____ substituted during the

Week of _____ in _____ WES _____ CSES _____ WJH

<u>Day</u>	<u>Date</u>	<u>No. Hours Worked*</u>	<u>Name of Absent Teacher</u>
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Monday	_____	_____	_____
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Tuesday	_____	_____	_____
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Wednesday	_____	_____	_____
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Thursday	_____	_____	_____
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Friday	_____	_____	_____
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Total: _____ **Days** _____ **Hours***

(*Applies only to non-certified substitute teachers)

This form is to be completed by the Substitute Teacher and returned to the Principal.

Special Comments:

Substitute Teacher's Signature: _____

Principal's Signature: _____