UNION LOCAL SCHOOL DISTRICT
IN-HOUSE SUBSTITUTE DUTY TIME SHEET

TEACHER NAME: _____ SOC. SEC. NO.: _____-_____-_____

DATE SUBSTITUTED	TEACHER YOU SUBSTITUTED FOR	PERIOD COVERED	TEACHER'S INITIALS
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Date Teacher's Signature Date Supervisor's Signature

This form is to be used for recording time worked by teachers in a "substitute" teacher position as outlined in the ULEA contract Article 26.3.

TREASURER'S OFFICE USE ONLY

_____ periods @ $20.00 per period = _____