

# East Granby Public Schools

## Substitute Time Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Substituting for: \_\_\_\_\_

Certified:

Full Day:	Half Day:	Period:
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Non Certified:

Time In:	Lunch:	Time Out:	Total Hours:
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*This following section to be used if recording more than one day.*

Day	Date:	Time In:	Lunch:	Time Out:	Total Hrs.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Total Hrs/Week:

I certify that I have completed this time record accurately:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_