

**SAU #9
BI-WEEKLY SUBSTITUTE REPORT**

EMPLOYEE NAME: _____
(PRINT CLEARLY)

DATE: _____

SCHOOL DISTRICT: _____

LOCATION/SCHOOL: _____

MAILING ADDRESS: _____

CHECK IF CHANGED _____

SOCIAL SECURITY # _____
(optional or last 4 didgets)

TELEPHONE# _____

PAYROLL DATE: _____

WEEK ENDING:				
DAYS	AIDE	TEACHER	TOTAL HRS.	EMPLOYEE REPLACED
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTAL WEEK 1				

WEEK ENDING:				
DAYS	AIDE	TEACHER	TOTAL HRS.	EMPLOYEE REPLACED
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
TOTAL WEEK 1				

TOTAL WEEK 1 & 2

*SUBSTITUTE SIGNATURE: _____

DATE: _____

*PRINCIPAL SIGNATURE: _____

DATE: _____

* I Certify to the best of my knowledge, the above information is true and accurate