SUBSTITUTE REPORT/TEACHER ABSENCE FORM

DATE(S)) WORKED:				
TOTAL	NUMBER OF DAY(S)) WORKED(exam	ple: ½, ½, ¾, 1, 2, 3	day(s) etc.)	
SUBSTI	TUTE NAME:				
SUBSTI	TUTE PHONE NUMB	BER:			
TEACHI	ER NAME AND GRAI	DE:			
Please cl	heck only one box (wil	l be paid at lowest	rate, if a box is not	checked):	
	or Teacher Assistant \$65/Day	Non-certified \$80/Day	*Effective Teach \$85/Day	•	*Certified \$103/Day
NOTE FOR NEW SUBSTITUES: You must fill out the paperwork for state (Form NC-4) and federal (Form W-4) taxes. You cannot be paid until this paperwork is completed and turned in to the finance department. *We must have on file a copy of your Effective Teacher Training/Certification.					
I verify th	hat I have worked as a	substitute at Arapa	ihoe Charter School	on the above 1	listed date(s):
		Substitute's S	Signature		
	TEACI	HER'S ABS	ENCE REPO	ORT	
Code for Absence Total number of days missed					
Ω	Description				
		Employee's S	Signature		
CODE SL AL PL	DESCRIPTION Sick Leave Annual Leave Personal Leave-\$5	LEAVE (CODES CODE LWOP PROF EX-SL	DESCRIPT Without Pa Workshop	ay