## **WENATCHEE SCHOOL DISTRICT #246**

## SUBSTITUTE ABSENCE REPORT

				~	OI
ostitute's Nam	ne: (Print Name)			Certificated	Classifie
Date	Job#	Sub for	r	Building	# of hours
				+	
			<del></del>		$\overline{\Box}$
bstitute's Signa	oture:			Date:	
Ustituit	itui C.			- Luci	
dmin. Signature:				Date:	
-					
Submit	this form to payr	roll no later than sixty (60)	days following	the date of the canc	elled job.
	All dates in	n May and June must be tu		r than July 10".	
		FOR PAYROLL	USE ONLY		
AY CODE AC	CCT#	RATE	HRS	WK DATE	TOTAL

TIME SHEET TOTAL \$\_\_\_\_\_