

SUBSTITUTE TEACHER WORK REPORT

COPPER COUNTRY INTERMEDIATE SCHOOL DISTRICT
HANCOCK, MICHIGAN 49930

Name of Substitute _____
Please Print

Date(s) _____

Half Day(s) _____

Full Day(s) _____

X _____
Signature - Substitute Date

X _____
Signature - Principal Date

.....
For Office Use Only:

To Substitute For: _____

Program

Reason for Teacher Absent: ___ Sick ___ Business Day
 ___ Other (explain) _____

Date Paid _____
Daily Wage _____
of Days Worked _____