

CLAYMONT CITY SCHOOLS
SUBSTITUTE TEACHER'S TIME SLIP

Name _____ SSN _____

Address _____

DATE	SUBSTITUTING FOR	DAYS
TOTAL DAYS		

Employee's Signature _____

Approval of Principal _____

(FOR OFFICE USE ONLY)		
Total Days	X Rate of Pay	= Total Due

CLAYMONT CITY SCHOOLS
SUBSTITUTE TEACHER'S TIME SLIP

Name _____ SSN _____

Address _____

DATE	SUBSTITUTING FOR	DAYS
TOTAL DAYS		

Employee's Signature _____

Approval of Principal _____

(FOR OFFICE USE ONLY)		
Total Days	X Rate of Pay	= Total Due