White Copy - Payroll Department
Canary Copy - Learning Center File
Pink Copy - Substitute

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 _____