

Substitute Teacher’s Aide Report to Central Office

Employee Number

Name of Substitute Teacher’s Aide

Name of School

School Month

Principal/Supervisor's Signature _____

Account Code: _____

(Office Use Only)

(1) List Below the information requested

(2) It will be the responsibility of the substitute teacher’s aide to report to the principal's office after **each day** worked to record their time.

Date	Half/Whole Day	Regular Teacher’s Aide