

# Teacher Substitute With Less Than 60 Hours Post Secondary Education

(THIS FORM IS TO BE COMPLETED BY SCHOOL PRINCIPAL OR  
DESIGNEE ON FIRST DAY OF SUBSTITUTING AND FAXED TO THE  
PERSONNEL OFFICE AT END OF THAT SAME DAY.)

Name \_\_\_\_\_

Date of First Day Substituted \_\_\_\_\_

Recommended to Continue as Substitute    \_\_\_\_\_yes    \_\_\_\_\_no

\_\_\_\_\_  
Principal or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_yes    \_\_\_\_\_no    Completed Training Session  
(To Be Completed By District Administrator)