## **Chehalis School District**

## **CLASSIFIED SUBSTITUTE TIME CARD**

NAME_		SCHOOL		MONTH	YEAR	
		Substitute	Substitute		Substitute	
Date	Hours	For:	Hours		or:	
Date	110013	1 01.	110013		01.	
1						
			1			
3						
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28						
29						
30						
31						
I certify that the hours recorded above are correct.						
Cubatituta Cignotura				Data		
Substitu	ite Signa	ature		Date		
C	00 m C!	a.ta		Doto		
Supervisor Signature				Date		
(yellow	color)					