

Sacramento City Unified School District CHILD DEVELOPMENT DEPARTMENT

School District CLASSROOM SUBSTITUTE SIGN-IN SHEET

CLASSROOM SUBSTITUTE SIGN-IN SHEET									
CENTE	R:	PA	/ROLL PE	ERIOD: _		t	o		Year:
HEAD TE	EACHER: CONTACT SUPERVISOR IMI	MEDIATELY IF A SUE	BSTITUTE II	NDICATES H	IE/SHE IS P	ERMAN	IENTLY	EMPLO	YED IN THE SCHOOL DISTRICT.
DATE	SUBSTITUTE'S NAME	ARE YOU EMPLOYED IN A PERMANENT POSITION IN OUR DISTRICT?	TIME IN	TIME OUT	AIDE TOTAL HOURS	TEACHER ½ 2/3 FULL			NAME OF ABSENT EMPLOYEE (or additional help)
						DAY	DAY	DAY	(or additional help)