JOHNSTON CITY COMMUNITY UNIT SCHOOL DISTRICT NO. 1

SUBSTITUTE TEACHER RECORD

Name of Substitute _____ MONTH _____

Social Security Number _____

DATE	NAME OF ABSENT TEACHER	SCHOOL	FULL DAY	HALF DAY

_____
Signature

Mailing Address:

_____

_____

Please mail this record each month, to be received on or before the 5th day of the month, to the Superintendent's Office, 1103 Monroe Street, Johnston City, Illinois 62951. Substitute Teacher pay period is the 15th day of every month.