SUB TEACHER VERIFICATION

District				School Year		
Building - Program:				Count Day	October	
I certify that this is a true a	And accurate report for the	Sub Teacher Ver	ification as of		February ⁄.	
Signature of Authorized Representative				Title		Date
INSTRUCTIONS: Comple	te the following information	n for all substitute	teachers in y	our buildin	g on count o	day.
Classroom Teacher	Substitute Teacher	# of Days Anticipated in Classroom	Sub Teacher Pic #		FOR RESA USE: Permit Issue Date	
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