## SUB TEACHER VERIFICATION

| District |  | School <br> Year |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Building - Program: |  | Count <br> Day | October |  |
|  |  | February |  |  |

I certify that this is a true and accurate report for the Sub Teacher Verification as of count day.

INSTRUCTIONS: Complete the following information for all substitute teachers in your building on count day.

| Classroom <br> Teacher | Substitute <br> Teacher | \# of Days <br> Anticipated <br> in Classroom | Sub Teacher Pic \# | FOR RESA USE: <br> Permit Issue Date |
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