



Time-and-Effort Certification – Substitute Teacher

PLEASE DOWNLOAD TO YOUR DESKTOP, COMPLETE AND SIGN FORM AND ATTACH A COPY OF THE DAILY LESSON PLANS/SCHEDULE FROM THE BELOW DATE FOR THE SUBSTITUTE.

Employee Name: _____

Substitute Name: _____

Substitute for: (conference name/leave type) _____

School District Name: _____

Sub Pay Daily Rate: (current rate) _____

Date(s) of Conference/Leave: _____

Type of Schedule:

- Daily**
- Weekly**
- Biweekly**
- Other:** _____

Program or Cost Objective	Distribution of Time
Example: Grant Name	100%
TOTAL	

I certify that I performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Substitute Teacher Signature

Date

I certify that I have firsthand knowledge that the above employee performed work consistent with the attached schedule and as distributed in the above percentages during the Certification Period.

Administrator Signature

Date

EMAIL THE COMPLETED FORM AND LESSON PLANS TO THE APPROPRIATE BOOKKEEPER:

Migrant/Title I, II, III, IV & Perkins
Carolyn Koch
ckoch@esu7.org

SPED/SPED Grants
Megan Kassing
mkassing@esu7.org