

MINFORD BOARD OF EDUCATION CLASSIFIED SUB REPORT

Name _____ Substitute For _____

WORKED

| DATE | BEGINNING TIME | ENDING TIME | HRS. WORKED |
|-------|----------------|-------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TOTAL _____

| | |
|------------------------------------|-------|
| Pay Rate | _____ |
| Amount Due | _____ |
| Days/Weeks Credit | _____ |
| Acct. No. | _____ |
| <i>Treasurer's Office Use Only</i> | |

Signature