

PERSONAL DAY SUBSTITUTE TEACHER REPORT BLANK
Texico Conference of SDA
P. O. Box 1366, 777 Sandia View Lane
Corrales, NM 87048

Substitute Teacher's Name _____

Address _____

Social Security Number _____

Name of Regular Teacher _____

Name of School _____

First Personal Day _____

Date

SIGNED _____

School Board Chair or Principal if not you

Date of this report _____

Please complete the blanks below about the substitute teacher:

Years of teaching experience _____

College Degree _____

Teacher Certification _____

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