



Time-and-Effort Certification – Substitute Teacher

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

Employee: _____

Substitute: _____

Position: Substitute for _____ (ie: leave or workshop description)

School: _____

Sub Pay Daily Rate: _____

Certification Period:
 _____ to _____ (enter dates of absence)

Type of Schedule:
 Daily
 Weekly
 Biweekly
 Other: _____

Program or Cost Objective	Distribution of Time
Example: Title IA	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 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.

Supervisor Signature _____
Date

EMAIL THE COMPLETED FORM AND SCHEDULE TO THE APPROPRIATE BOOKKEEPER:

Core/Tech/VOC
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