MEIGS LOCAL SCHOOL DISTRICT
Report of Substitute Work

RESET FORM PRINT FORM

Name of Regular Employee	Type of Work	Date Worked	Number Days	Number Hours
		TOTAL	0.00	0.00

This form must be completed by each person doing substitute work and received in the Treasurer's Office by the posted due date. It is the responsibility of the employee doing the substitute work to complete the form and to file it with the Treasurer's office.

Date:	
Signature of Substitute:	
Social Security Number (REQUIRED):	