LISD Substitute Sign in

Campus:_____

Note: A new sheet should be started on the 1st and the 16th of each month.

DATE:	Substitute Signature	Substitute Printed Name.	Subbed for (teacher name etc..)	Full Day or 1/2 day	Account (if different from the assigned)

I certify that all substitutes listed on this document worked in the place of and performed the duties for the Teacher or Employee listed in the "subbed for" column.

SIGNATURE(PRINCIPAL/DEPARTMENT SUPERVISOR):_____