MARGARETTA LOCAL SCHOOLS

CASTALIA, OHIO

# TEACHER SUBSTITUTION

# DURING

# CONFERENCE OR PLANNING PERIOD

Teacher Name _____

Check appropriate Level:

☐ Kdg. – 6th

☐ 7th – 12th

Indicate Actual Time of Substitution:

_____ _____

Hours Minutes

Date of Substitutions: _____

Substituted for: _____

Teacher's Signature: _____

Approved by: _____

Approved by: _____