

# Substitute Teacher Sign-In Sheet

Wellpinit School District #49  
P.O. Box 390  
Wellpinit, WA 99040  
(509) 258-4535

Substitute Name: \_\_\_\_\_

Date(s) Subbing: \_\_\_\_\_

Hours worked: \_\_\_\_\_

Teacher(s) subbing for: \_\_\_\_\_

Reason for teacher(s) absence (if known) \_\_\_\_\_

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Substitute Signature: \_\_\_\_\_

Date received by Business Office: \_\_\_\_\_

Check#: \_\_\_\_\_

**\*\*Please verify all date(s) and all hours worked completely.\*\***