

CURRENT TA OR ESP EMPLOYEE_____

BLOUNT COUNTY SCHOOLS

SUBSTITUTE TEACHER TIME REPORTING FORM

SOCIAL SECURITY NUMBER: _____

PAY PERIOD ENDING: _____

NAME: _____ DEGREED _____ NON-DEGREED _____

THIS FORM MUST BE TURNED IN TO BECKY SAFFLES IN THE BLOUNT COUNTY SCHOOLS CENTRAL OFFICE.

[illegible]

I, THE UNDERSIGNED, CERTIFY THAT THIS IS A TRUE AND ACCURATE STATEMENT OF THE DAYS I WORKED DURING THE STATED PAY PERIOD.

EMPLOYEE'S SIGNATURE

***PRINCIPAL'S SIGNATURE CERTIFIES THE CORRECTNESS OF THAT DATES TIME REPORT.**