

NORTH CENTRAL OHIO EDUCATIONAL SERVICE CENTER

Substitute Form

Date _____
Substitute's Name _____ SS # _____

Address _____

City, State, Zip _____ Phone _____

Date(s) Substituted _____

Hours worked _____

Substitute's Signature _____

Substituting for _____ Position _____

Reason for Absence _____

Deduct _____ days (s) (ex. 1/4, 1/2, 1) **Please check one of the following:**

Professional Day

Sick Leave

Personal Leave

Employee's Signature _____ Approved _____

Director or Supervisor's Signature

** Note--Director/Supervisors, after you have sign this form, please submit to :
North Central Ohio ESC Fiscal Department

Revised 8/2011