

ALDEN-HEBRON SCHOOLS

DISTRICT #19

HEBRON, ILLINOIS

INTERNAL SUBSTITUTE FORM

DATE: _____

PERIOD: _____

SUBSTITUE TEACHER: _____

TEACHER REPLACED: _____

REASON FOR ABSENCE: _____

PRINCIPAL'S SIGNATURE: _____

Cc: Teacher
Office Secretary
Bookkeeper

This form must be completed daily for each period subbed and turned into proper personnel for approval and payment as deemed by board policy.