SUBSTITUTE TIME REPORT - CERTIFIED

Durango School District 9-R

NAME_____ PAY PERIOD 16th, of_____ 15th of_____

Print exactly as it appears on your credential

ADDRESS_____ CITY_____ SS#_____

Account Number	Date	School	Substituted for	Time 1/2 Day or All Day	Approved by Principal

_____
Signature of Employee

201 East 12th Street • Durango, Colorado 81301 • Telephone 970/247-5411

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