

*Gananda Central School District  
1500 Dayspring Ridge  
Walworth, NY 14568*

# Incidental Substitute Teaching Form

*(To be completed by a teacher covering a class.)*

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

Date	Substitute For	Start Time	End Time	Minutes Worked

Total Minutes Worked: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Code: A 2110.140-01-0123

For Payroll Department Use: Amount Paid \_\_\_\_\_ Initials: \_\_\_\_\_