## **PHONE 993-2138**

## WILLIAMSON COUNTY SPECIAL EDUCATION DISTRICT WILLIAMSON COUNTY EARLY CHILDHOOD (Pre-K) . &

FAX 997-3950

## SUBSTITUTE REPORT

Nonth:		, 20	, C	Certified (Teacher)	7	Von-Cert	Non-Certified (Teacher Assistant)
lameto keep the	nis form for th	ne entire moi	Phone nth then ret	lamePhonePhonePhone **Substitute is to keep this form for the entire month then <b>return to the WCSED office by the 4<sup>th</sup> of the next month</b>	fice by t	he 4th c	of the next month
Tch/TA Subbed for or Reason Subbed	Date(s)	<b>CERTIFIED</b> Number of Days	NON- CERT. Number of Hrs	School	SPEC. ED.	PRE-K	Signature of Supervisor
		N.					,
-							

**Substitute Signature** 

<sup>\*\*\*</sup>WCSED/WCECC MUST HAVE ALL CURRENT PAPERWORK ON FILE BEFORE YOU RECEIVE PAYMENT