

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