

MONTH/YEAR

LMC

SERVICE PERFORMED: Substitute (Hourly) for _____
 Substitute (Daily) for _____ (last name first)
 Special Program Instructor (Hourly)

COURSE INFORMATION: Title/No. _____ Section _____ Days _____ Hours _____

TIME SERVED:

MONTH _____ Position Number _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
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(Absence Codes: A-Absent without pay, S-Sick, P-Personal necessity leave, H-Paid Holiday, B-Bereavement leave, I-Industrial Accident or Illness)

DATE _____