

**MINFORD BOARD OF EDUCATION
REPORT OF SUBSTITUTE EMPLOYEES**

SUBSTITUTE'S NAME _____

SUBSTITUTE FOR _____

DATES _____

NUMBER OF DAYS _____

PAY RATE _____

AMOUNT DUE (Treasurer will fill in) _____

Signature

<u>Treasurer's Office Use Only</u>
Days Credit _____
Wks. Credit _____
Acct. _____