



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · 715-635-2171 · www.spooner.k12.wi.us

Teacher Subbing for Teacher Form

Name: _____

Date: _____

Name of teacher subbed for: _____

Date subbed for: _____

Circle appropriate item:

A. Subbed for during prep period

B. Taught students from another classroom

If you selected option **A.**

- How many hours did you sub for? _____

If you selected option **B.**

- How many teachers were the students split amongst? _____
- List name of other teacher(s) _____
- How many hours did you have the extra students for? _____

Teacher Signature

Principal Signature

Director of Operations Signature

*Due to District Office by the 3rd business day of following month. Pay will be received on the 15th of the month for the previous month's work