MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT
4000 KOZLOSKI ROAD PO BOX 5033
FREEHOLD, NJ 07728-5033

SUBSTITUTE TEACHER RECORD

Month:_____ **Year:**_____ **Name:**_____

Date:	**Building:**	**Teacher Absent & Subject Taught**	**Certified (Yes/No)**

_____ **Total days x $80.00/day =** **$**_____

_____ **Total days x $100.00/day =** **$**_____

TOTAL DUE $_____

I certify the above to be correct:

Signed:_____ **Date:**_____

Approved:_____ **Date:**_____

Charge:_____