ITHACA CITY SCHOOL DISTRICT

BOARD OF EDUCATION BUSINESS OFFICE
400 Lake Street
Ithaca, New York 14850

Substitute Teacher's Report of Service

The following is a true statement of my service in the Ithaca Public Schools during the week of _____
(List days of teaching in chronological order).

DATE	AM	PM	SUBSTITUTED FOR	SCHOOL	CONFIRMED BY SCHOOL REP (signature)	REASON FOR ABSENCE

NOTE TO SUBSTITUTE:
This report is due at the Board of Education Payroll Office on Friday of pay week. You will receive your payment on the following payroll provided this sheet has been received on time.

_____ (Name-Please Print)

_____ (Address)

_____ (Telephone #)

_____ (Signature)

_____ (Employee #)

Are you a member of the New York State Teachers' Retirement System
Please Check: Yes _____ No _____

Please list New York State Teachers' Retirement System Membership # _____