Federal Grant Program – Substitue Time and Effort Certification Form

Below, list all positions and persons filling those positions that worked as a single day substitute or long-term substitute, but who did NOT work the entire 12 month certification period. Include start and end dates.

Name	Position	Start Date	End Date

I have full knowledge of 100% of these activities.

F. Principal / Administrator _____ Signature _____
Print Name Signature

G. School / Office: _____ Location (Org. Code) Number: _____

Date : _____

Please attach a copy of the professional development or training agenda that created the need for substitute teachers.