

APPENDIX M

RIVERSIDE LOCAL BOARD OF EDUCATION

SUBSTITUTE FORM

SCHOOL _____ DATE _____

This is to certify that _____ (teacher)

substituted for _____ (teacher)

on _____ period(s) _____.

The reason for the teacher's absence: _____

Principal

_____ period(s) x * **\$27.17** = _____

SEND TO CLERK'S OFFICE THE DAY FOLLOWING THE ABSENCE.

***RATE TO BE DETERMINED BY B.A. BASE AMOUNT**