

LOS MOLINOS UNIFIED SCHOOL DISTRICT

School Site

Employee or Substitute Name

Month

Day	Substitute For OR Extra Duty Description	Reason SL, PNL, etc.	Cert Sub All Day or ½ Day	Start Time	End Time	Total Hours Minus Lunch	District Use Only
1							
2							
3							
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31							

Employee or Substitute Signature

Administrator/Authorized Signature

Account _____