Arcadia Local School
SUBSTITUTION BY STAFF MEMBER

_____ **substituted** _____ **period(s)**
Name

On _____ **for** _____
Date Teacher Replaced

$30.00 X _____ **=** _____
periods

_____
Signature

This form should be returned to the building Principal.

_____ _____ _____
Principal Signature Date Approved Supt. Initialed

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