

**Central Office**  
4215 Avenue I  
Scottsbluff NE  
308-635-3696  
(F) 308-635-0680

**Southern Satellite**  
Box 77, 1114 Toledo  
Sidney NE 69162  
308-254-4677  
(F) 308-254-5371

**Northern Satellite**  
Kline Center, CSC  
Chadron NE 69369  
308-432-6495  
(F) 308-432-6495

**Professional Development**  
308-635-0661

**Early Childhood**  
308-635-3427

**Educational Service Unit #13**



BA5

## SUBSTITUTE TEACHER MONTHLY WORK REPORT FORM

Submitted by: \_\_\_\_\_

Month: \_\_\_\_\_

Date	Full or Half Day	Location

Total Days for Month: \_\_\_\_\_

Signature of person submitting report: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_