Cambridge Public Schools

Paraprofessional Substitute Attendance Form for the month of: _____, 20____

This form is to be used to report days that Unit E Paraprofessional Employees serve as a Substitute Teacher for an absent teacher in accordance with Article 4, E of the Paraprofessional Contract.

Name of Employee: _____

School or Department: _____

Date(s) Substituted	Name of Absent Teacher	Reason for Coverage

_____Total number of days for above month.

I hereby certify that the above is a true and accurate record of days worked for the period indicated.

Principal _____

Date: _____