

Santiago Canyon College Continuing Education Division

Substitute Attendance for Offsite Locations

Date ____/____/____ Program _____ Section # _____

Location: _____ Class time _____ Class Title _____

Substitute Instructor: _____ Instructor of Record _____

GIVE ATTENDANCE TO THE INSTRUCTOR OF RECORD WITHIN 48 HOURS OF SUBBING

	DATE: / /	DATE: / /	DATE: / /	DATE: / /	DATE: / /	DATE: / /
	Mon	Tue	Wed	Thu	Fri	Sat
1	STUDENT NAME (Please write legibly)					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

I confirm that the attendance hours are correct.

Substitute Teacher's Signature

Date

TOTAL HOURS: