# Substitute Attendance for Offsite Locations

**Date** __/__/____  **Program** ___________________________  **Section #** ______________________

**Location:** ___________________________  **Class time** ___________________________  **Class Title** ___________________________

**Substitute Instructor:** ___________________________  **Instructor of Record** ___________________________

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

<table>
<thead>
<tr>
<th>STUDENT NAME (Please write legibly)</th>
<th>DATE:</th>
<th>DATE:</th>
<th>DATE:</th>
<th>DATE:</th>
<th>DATE:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mon</td>
<td>Tue</td>
<td>Wed</td>
<td>Thu</td>
<td>Fri</td>
<td>Sat</td>
</tr>
</tbody>
</table>

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I confirm that the attendance hours are correct.

**Substitute Teacher’s Signature** ___________________________________________  **Date** __/__/____

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**TOTAL HOURS:**

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Form created by P. Alvano on 4/24/07

Revised by Ethel Jordan for offsite locations 8/24/07