FORM NO.

SL

Newfoundland Labrador

DATE RECEIVED
PAYROLL

SUBSTITUTES SICKLEAVE REPORT

MONTH OF _____ 20_____

BOARD NO. ___ BOARD NAME _____

SCHOOL NO. ___ SCHOOL NAME _____

SOCIAL INSURANCE NUMBER	SUBSTITUTE		DATE			HOURS	
	SURNAME	GIVEN NAME	YY	MM	DD		

DATE _____ PRINCIPAL SIGNATURE _____
YY / MM / DD

DATE _____ BOARD AUTHORIZING SIGNATURE _____
YY / MM / DD

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