**DENVER PUBLIC SCHOOLS**

**LONG TERM SUBSTITUTE TEACHER TIME VERIFICATION**

**SCHOOL NAME:** _____ **SCHOOL NUMBER:** _____

**PAYROLL PERIOD BEGINNING:** _____ **15, 20____** **ENDING:** _____ **14, 20____**

**PLEASE PRINT**

| Substitute Teacher Name | Employee # | Total Days Worked | Dates Worked | All Day | Half Day A.M. | Half Day P.M. | Dates Absent | Absence Code | Release Date | Absent Teacher |
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**Note: Please Include the Name of the Absent Teacher. If the Position is Vacant- Please Indicate the Vacancy**

**AUTHORIZING SIGNATURE:** _____

**PLEASE RETURN THE COMPLETED FORM TO THE PAYROLL OFFICE BY THE 15TH OF THE MONTH**

**YOU CAN FAX THIS FORM TO (720) 423-3854**