

**CHILD NUTRITION DEPARTMENT
IBERIA PARISH SCHOOL BOARD
SUBSTITUTE REPORT FORM**

Rev. 2/14

Name of Substitute _____ Month of _____

Employee ID# (REQUIRED) _____ School Employed _____

Mailing Address _____ Phone _____
 _____ Zip Code _____

DIRECTIONS: Complete in duplicate; send ORIGINAL to the school board office at the end of the month; keep copy for your files.

I certify that all information reported is accurate: _____

Signature of Substitute (REQUIRED)

I certify that all information reported is accurate: _____

Signature of Lunchroom Manager (REQUIRED)

Date	CNP Technician Replaced	Time Worked (.25, .50, .75, 1.00)
		(.25, .50, .75, 1.00)
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FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY