

SUBSTITUTE CAFETERIA FORM

Substitute Cafeteria Name _____

Month/Yr _____

Please turn in this form by the 1st and 16th of the month to Fiscal Services.

Carol Hill	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
7:00a - 2:00p												

Trish Kirkland	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
8:00a - 12:00p												

Cathy Gunterman	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
7:00a - 2:00p												

Tammy White	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
6:00a - 2:30p												

If actual time substituted is different than time above, please state the date(s) and times below:
