Early Learning Coalition of Northwest Florida

VPK
VOLUNTARY PRE KINDERGARTEN

awi
Agency for Workforce Innovation

Provider Name:_____ Telephone: _____

Signature: _____ County: _____

Printed Name/Title : _____

Program Type: School Year / Summer Classroom: _____

Substitute Tracking Sheet

Credentialed Instructors(Lead Teacher)*

*Substitute may NOT be assigned for more than 30% of the total program (School Year 162 Hours and Summer 90 Hours)

Substitute Name	Date	Time in/out	Total Number of Hours	Cumulative Total for Classroom	Official Use Only

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Provider Name:_____ Telephone: _____

Signature: _____ County: _____

Printed Name/Title : _____

Program Type: School Year / Summer Classroom: _____

Secondary Instructor (Second Teacher)*

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Substitute Name	Date	Time in/out	Total Number of Hours	Cumulative Total for Classroom	Official Use Only