

SCHOOL ADMINISTRATIVE UNIT #70
41 Lebanon - Suite 2
HANOVER NH 03755
643-6050
FAX: 643-3073
Substitute Attendance Form

Name: _____

Address: _____

Telephone number: _____

Dates Subbed:	Name of School	Principal or designee (Signature required)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that _____ has been a substitute five times, and that he/she may be reimbursed \$34.25 or \$65.25 (this includes the \$20.00 charge for non-Hanover residents at the Hanover Police Station) for New Hampshire fingerprints and/or \$34.25 (this includes \$15.00 charge for fingerprinting at the Hartford Police Station) for the Vermont fingerprints. *The substitute will be reimbursed for one check only as the district covers the cost of the second background check.

Authorized signature of Assistant Superintendent:

Date: _____