**Insert the substitute list behind this page.**

**Include:**

* **Name**
* **Contact Info**
* **Employee Checklist Completion Date**
* **Employee Health Policy Signature Date**

**Approved Substitute Employee List**

**Employee Checklists and Employee Health Policies for substitute employees are on file at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

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| --- | --- | --- | --- |
| Name | Contact Information | Date Employee Checklist was completed (Refer to *Part 1: Prerequisite Programs*.) | Date Employee Health Policy Signed  (Refer to *Part 1: Prerequisite Programs*.) |
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