

School Board of St. Lucie County, Florida

**SUBSTITUTE RE-CAP**

Type of Re-Cap (position) \_\_\_\_\_

School \_\_\_\_\_ Pay Period \_\_\_\_\_

**LIST NO SUB DAYS**

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**TOTAL # SUB DAYS** (1) \_\_\_\_\_  
(not including TBA's) Add total number days worked for each sub report attached

**NO SUB DAYS** (2) \_\_\_\_\_  
List teacher with no subs and total

**TOTAL POSTED ABSENCES** (3) \_\_\_\_\_  
Count absences on green bar

**TOTAL # OF INSTRUCTIONAL SUB REPORTS ATTACHED** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PRINCIPAL SIGNATURE** \_\_\_\_\_