CLASSIFIED SUBSTITUTE TIME REPORT

Employee No. _____

Substitute Name _____ _____ _____ Month _____ Year _____
Last First Initial

Employee Substituted for:	Pos	Loc	*Abs Code	Date	Hours	PAYROLL USE ONLY Account Number	Rate	Pay

Total Hours _____

Total Gross $ _____

EMPLOYEE SIGNATURE _____

I hereby certify that the hours listed have been completed.

SUPERVISOR SIGNATURE _____

*Reason for absence code: **B**-bereavement, **E**-emergency, **J**-jury duty, **O**-open position (if open, please indicate position title), **P**-personal, **R**-release, **S**-sick, **U**-unpaid, **V**-vacation

Rev 4/5/2019