

Barre Unified Union School District Substitute Timesheet

Name: _____ School (select one): **BCEMS** **BTMES** **CVCC** **SHS**

Must be submitted to your Sub Coordinator by Thursday at 4:00 before the pay period ends.

Date	# of Hours	Teacher / Para	Student Full Name	Funding Code	Rate	Total
Total #						

Substitute Signature: _____ **Date:** _____ **Sub Coordinator Signature:** _____

Hourly Substitute Rates:

Certified or Certified PK Substitute	Clerical or Custodial Substitute	Licensed Teacher Day Substitute	Permanent Substitute/ CVCC	Licensed/Specialized (Nurse, Trades Cert., Testing)	Bus Rider (Paras will receive their regular ROP)
\$14.00/hr	\$14.00/hr	\$15.00/hr	\$15 ~ \$18/hr	\$21.00/hr	\$20.00/hr

Please return completed timesheet to the Substitute Coordinator.