

Lakota Local School District

Substitute Time Sheet

To insure proper payment, all information must be completed, approved and received by the proper date in the Treasurer's Office.

Name (print):			ID Number:		
Building:			Position Worked:		
Period Begin:			Period End:		
_					
	Date				
Day	mm/dd/yy Descri	otion of hours worked	Hours	Overtime	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
			TOTAL:		
				<u>, l</u>	
Employee Signatu	ıre	Date	Supervisor Signature		Date
yellow form					

Revised 03/24/14