BATH COUNTY SCHOOLS

Substitute Employee Time Sheet

NAME: _____

SOC. SEC. NO.: _____

Payroll Use Only	
MUNIS #:	
Account No.:	

Pay Period: _____ thru _____ School: _____

Date	Employee Replacing	1 Day	1/2 Day	Reason	Daily \ Hourly Rate	Amount Due
TOTALS						

REASON CODES

S	Sick
DS	Donated Sick Leave
EL	Emergency
J	Jury
LWOP	Leave Without Pay
P	Personal Leave
PL	Professional Leave
PD	State Professional Dev. Funds

_____

Signature **Date**

_____

Immediate Supervisor Approval **Date**

_____

Superintendent **Date**

WHITE COPY: CENTRAL OFFICE YELLOW COPY: BUILDING ADMINISTRATOR PINK COPY: EMPLOYEE