

# ROCKCASTLE COUNTY SCHOOLS

NAME OF SUBSTITUTE \_\_\_\_\_ MONTH \_\_\_\_\_

**DUE THE 2<sup>ND</sup> of each month for previous month worked – only ONE month per timesheet.**

DATE	PERSON WORKED FOR	½ OR FULL DAY	SCHOOL
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR ALL SUBSTITUTES TO TURN IN EACH MONTH WORKED**