

Barre Unified Union School District Substitute Timesheet

Name: _____ School (circle one): **BCEMS** **BTMES** **SEA** **SHS**

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

Date	# of Hours	Teacher / Para	Student Initials/Classroom	Funding Code	Rate	Total
Total #						

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

FY 21/22 Rates:

Daily Substitute Teacher	Specialized (Trades/Testing)	School Nurse
\$18.00/hr	\$21.00/hr	\$50.00/hr

Please return the completed timesheet to the Substitute Coordinator.