

ADULT EDUCATION SUBSTITUTE TEACHER TIMESHEET

PRINT NAME (LAST, FIRST) _____

FULL SS# or EID # (Required) _____

MONTH-YEAR _____

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL DEPT.

Refer to Payroll Schedule for timesheet due date - SACS code and Job # are REQUIRED from each site - Please see site administrator for SACS code.

Date	Job#	Teacher Substituted For:	Number of Hours Worked	SACS Code (REQUIRED)	Workshop (W) Conference (C)	Approved by Site Administrator

Total # of Hours _____

EMPLOYEE'S SIGNATURE _____

(REQUIRED)