

CLASSIFIED SUBSTITUTE TIME SHEET

Month/Year: _____

Building: _____

Name: _____

Date	Employee Replaced	Hours	Authorized Signature	Payroll	Account Code
Total					

I hereby certify that the above is a true and accurate record of hours worked.

Report hours in fifteen minute increments: 1/4 hr = .25, 1/2 hr = .50, 3/4 hr = .75

Payroll Use:

Substitute Signature _____