



LAKE STEVENS  
School District

# LAKE STEVENS SCHOOL DISTRICT NO. 4

## SUBSTITUTE TEACHER TIME SHEET

Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Building Location: \_\_\_\_\_

Mark One:

Date	Absent Employee	Hours			Payroll Office Use	Authorized Signature	Payroll Office Use Account Code
		3.50 hrs 1/2 Day	Worked if less than full day	7.00 hrs Full Day			

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

Substitute's Signature \_\_\_\_\_

All time sheets must be in the administrations office on the last working day of the month. Timesheets received on time will be paid the end of the following month.