

SUBSTITUTE TIMESHEET FOR ANY CLASSIFIED POSITION

SCHOOL: _____

PERIOD ENDING DATE _____
(15TH OR THE LAST DAY OF THE MONTH)

Name _____ (Print Name Legibly)

Employee # _____ or Last 4 Digits of SSN # _____

<i>WK 1</i> DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						
<i>WK 2</i> DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						
<i>WK 3</i> DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						

IMPORTANT

Hrs and codes for Payroll use only: Please use check box to note position working

Add hrs: _____		_____ 1118 0150 SUBX	Inst. Asst	<input type="checkbox"/>
Add hrs: _____		_____ 1118 0150 SUBX	Spec Ed Inst. Asst	<input type="checkbox"/>
Add hrs: _____		_____ 1118 0150 SUBX	Spec Ed FMD/EBD/MSD/AUT	<input type="checkbox"/>
Add hrs: _____		_____ 1118 0150 SUBX	Preschool Inst. Asst	<input type="checkbox"/>
Add hrs: _____		_____ 5101 0150	Cafeteria	<input type="checkbox"/>
Add hrs: _____		_____ 1986 0150 SUBX	Custodian	<input type="checkbox"/>
Add hrs: _____		_____ 1077 0150 SUBX	Secretary	<input type="checkbox"/>
Add hrs: _____		_____ 9011016 0150	Bus Monitor	<input type="checkbox"/>
Add hrs: _____		_____ 9011092 0150	Bus Driver	<input type="checkbox"/>
Add hrs: _____		_____ 9201134 0150	Temp Painter	<input type="checkbox"/>
Add hrs: _____		_____ 9011096 0150	Vehicle Mechanic	<input type="checkbox"/>

PC 280 – regular position PC 350 – sub position

Employee Signature

Supervisor's Signature

Principal's Signature

unsigned timesheets will be returned

PLEASE COMPLETE & SIGN TIMESHEET IN BLACK OR BLUE INK – NO PENCIL