

WESTMINSTERSCHOOLDISTRICT: Classified Substitute Timesheet



Employee Name: _____ Position: _____
 Employee ID Number: _____ School Site / Department: _____

Start Month:			End Month:		
Date	Absent Employee	Total Hours	Date	Absent Employee	Total Hours
16			1		
17			2		
18			3		
19			4		
20			5		
21			6		
22			7		
23			8		
24			9		
25			10		
26			11		
27			12		
28			13		
29			14		
30			15		
31					
Grand Total Hours:					

Pay Period is from 16th of the prior month to the 15th of the current month.

****Timesheets due to Payroll 16th of every month****

AFFIDAVIT: I hereby certify this time report is true and correct.

 Administrator Signature Date

 Employee Signature Date

Use Absent Employee Budget Use Other Budget _____
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PAYROLL PORTION		
Date Received: _____	Inputted By: _____	Pay Cycle: _____