HILLSBORO CITY SCHOOLS

SUBSTITUTE TEACHER TIME SHEET

(print on green paper)

Please complete and turn in at the end of the day

NAME: _____ **BLDG:**_____

SUB TEACHER _____

DATE	TIME A.M.		TIME P.M.	WHO DID YOU SUB FOR?	GRANT ACCT(?)
	(You are required to record your actual lunch break)				
MM/DD/YYYY	00:00 - 00:00	(LUNCH)	00:00 - 00:00	SAMPLE WITH LUNCH BREAK	COLUMN FOR PAYROLL USE

TOTAL # DAYS [ ]

_____
SUBSTITUTE SIGNATURE

_____
PRINCIPAL SIGNATURE

Updated 11/5/15