

Time Sheet for
Long-Term Substitute Teachers

Instructions: Please complete this form for a 10-day period or for the number of days you worked for the current pay period. Prepare and submit to your building principal.

All sheets must be submitted to the payroll office by Monday morning following payday.

****Failure to complete this form in its entirety will result in a delay of payment****

Name: _____ **Employee Number:** _____

Substitute in Absence of: _____ **Subject:** _____

First Week

Day	Month	Date	Year	Indicate Full Day/Half Day/ or Absence
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Second Week

Day	Month	Date	Year	Indicate Full Day/Half Day/ or Absence
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total Hours/Days: _____

Rate: _____

Earnings for this Period: _____

Payroll Use Only:
Code: _____

Employee's Signature Date

Principal's Signature Date