

Substitute Teacher, Instructional Assistant, or Clerical Time Sheet

Employee Name: _____

Week Starting: _____

Long Term
Sub Check
Here

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Please check if you are subbing for
Certified or Classified AND if you are
subbing for Preschool or Special Ed

Certified
Sub
Teacher

Hrs:Min

Date	Location	List Teacher, Assistant, Classified, or Clerical	Certified	Classified	Pre-K	SPED	Time In	Time Out	Lunch	Time In	Time Out	Full Day Half Day	Time Worked	Admin Initials
													:	
													:	
													:	
													:	
													:	
													:	
													:	

Week 1 Total Hrs:

	:
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Week Starting: _____

Please check if you are subbing for
Certified or Classified AND if you are
subbing for Preschool or Special Ed

Certified
Sub
Teacher

Hrs:Min

Date	Location	List Teacher, Assistant, Classified, or Clerical	Certified	Classified	Pre-K	SPED	Time In	Time Out	Lunch	Time In	Time Out	Full Day Half Day	Time Worked	Admin Initials
													:	
													:	
													:	
													:	
													:	
													:	
													:	

Week 2 Total Hrs:

	:
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2 Week Total

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Employee Signature _____ Date _____

Supervisor Signature _____