FRANKLIN PIERCE SCHOOLS

CERTIFICATED
IN-HOUSE SUBSTITUTES

DO NOT PAY SUBS FOR IN-HOUSE SUBBING, UNLESS THEY HAVE SUBBED IN THE SAME CLASSROOM FOR MORE THAN 20 CONSECUTIVE DAYS.

ABSENT TEACHER:	BUILDING:
ACCOUNT NUMBER: *(Include budget # for all job-related absences.)*	DATE OF ABSENCE: *(One day per sheet)*
REASON FOR ABSENCE:	

Please use this space to indicate that the class was absorbed.	SUBSTITUTE'S NAME (Clearly Printed)	SUBSTITUTE'S SIGNATURE	MINUTES WORKED	*PAYROLL USE ONLY:* *Rate of Pay*

PRINCIPAL'S SIGNATURE_____DATE_____

Return timesheets to the Payroll Office by the second pony of the month. If a time sheet is turned in late, and will not be paid for the month it should have been, please inform your teachers that are affected. Thank you so much.

Pink Paper KCDA# 17672