

PENNSAUKEN BOARD OF EDUCATION

TIME SHEET FOR EXTRA HOURS___, SUBSTITUTE___, HOURLY___, OR INTERIM___ (please check one)

LOCATION_____

HOURLY/DAILY RATE OF PAY \$_____

PROGRAM TITLE_____

AUTHORIZED BY:

DATE RECEIVED_____

FOR WEEK BEGINNING_____ WEEK ENDING_____

PRINT NAME:_____

CHARGE TO ACCOUNT #_____

SIGNATURE:_____

DATE SIGNED_____

AGENDA MONTH AND ITEM #_____

SUPERINTENDENT_____

DATE RECEIVED_____

Month													
Day													
Name	SUN	MON	TUE	WED	THU	FRI	SAT	TYPE OF SUB	PURPOSE	TOTAL HOURS /DAYS	TOTAL PAY	SIGNATURE	
↓ ↓											\$		
											\$		
											\$		
											\$		
											\$		
											\$		
											\$		
											\$		
											\$		
											\$		