

Name: (please print)

Social Security Number: (last four only)

School/Department:

Payroll Pay Period: from: to:

Employee Type (choose one)

☐ Sub Teacher

☐ Sub Teacher Assistant

☐ Sub Teacher Assistant Special

☐ Sub Teacher Assistant Caregiver

☐ Sub Early Childhood Assistant

☐ Sub Behavior Technician

Work Performed- (sub, workshop, additional hours)	Date Worked (mm/dd/yy)	Start Time	Day/ Hours	Rate of Pay*	FUNDING SOURCE (to be completed by School or Department)							
		End Time			Fund	Type	Function	Object	Facility	Project	SubProj(YR)	Program
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						
		a.m./p.m.				E						
Subbed for:		a.m./p.m.				E						

I certify this time sheet is an accurate record of time worked.

Grand Total

* Rate of pay changes require Human Resources approval

Employee's Signature

Date

Distribution: Original: School- Copy: Payroll Department

Revised 12/2023

Principal/Department Head Signature

Date

Contact Phone Number

☐ Entered In Skyward Worksheet by:

Payroll Use Only

Reviewed By/Date