

NEW JERUSALEM SCHOOL DISTRICT ~ CERTIFICATED REGULAR / SUBSTITUTE TIMESHEET

*Timesheets are due to payroll by the 22nd of the month

NAME: _____ SITE LOCATION: _____ EMPLOYEE ID: _____ REGULAR SUBSTITUTE

	DATE WORKED	DESCRIPTION OF WORK AND/OR NAME OF ABSENT EMPLOYEE, IF APPLICABLE	TIME IN / TIME OUT	HOURS WORKED	HALF DAY = .5 FULL DAY = 1.0
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
				TOTAL HOURS:	TOTAL DAYS:

EMPLOYEE SIGNATURE _____ DATE _____ ADMINISTRATOR'S SIGNATURE _____ DATE _____

PAYROLL USE ONLY											
DAYS	RATE	AMOUNT (PAYROLL USE ONLY)	FUND	RES	YR	GOAL	FNC	OBJECT	SITE	MGMT	PROGRAM
			XX	XXXX	X	XXXX	XXXX	XXXX	XXX	XXXX	
	250.00										
	250.00										
	280.00										
HOURS	RATE										
	40.00										
	40.00										