

SUBSTITUTE TIMESHEET FOR ANY CLASSIFIED POSITION

SCHOOL: _____

PERIOD ENDING DATE _____

(Follows Pay Period schedule on website)

Name _____ (Print Name Legibly)

Employee # _____ or Last 4 Digits of SSN # _____

WK 1 DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						
WK 2 DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						
WK 3 DATES						
	MON	TUES	WED	THURS	FRI	WEEK TOTAL
INDICATE HOURS						

IMPORTANT

Hrs and codes for Payroll use only: Please use check box to note position working ☒

Add hrs: _____ | _____ 1118 0150 SUBX Inst. Asst ☐

Add hrs: _____ | _____ 1121 0150 SUBX Spec Ed Inst. Asst ☐

Add hrs: _____ | _____ 1710 0150 SUBX Spec Ed FMD/EBD/MSD/AUT ☐

Add hrs: _____ | _____ 1001 0150 SUBX Preschool Inst. Asst ☐

Add hrs: _____ | _____ 5101 0150 Cafeteria ☐

Add hrs: _____ | _____ 1986 0150 SUBX Custodian ☐

Add hrs: _____ | _____ 1077 0150 SUBX Secretary ☐

Add hrs: _____ | _____ 9011095 0150 135X Bus Monitor ☐

Add hrs: _____ | _____ 9011092 0150 Bus Driver ☐

Add hrs: _____ | _____ 9201134 0150 Temp Painter ☐

Add hrs: _____ | _____ 9011096 0150 Vehicle Mechanic ☐

Add hrs: _____ | _____ 0001037 0160 DNRSE District Nurse ☐

PC 280 – regular position PC 350 – sub position

Employee Signature

Supervisor's Signature

Principal's Signature

****unsigned timesheets will be returned****

PLEASE COMPLETE & SIGN TIMESHEET IN BLACK OR BLUE INK – NO PENCIL

Rev 10.22.25