BELIEVE
EMPOWER
ACHIEVE

BUCKEYE LOCAL SCHOOL DISTRICT
Period Substitute
BHS

SUBBING FOR: _____ **DATE:** _____

PERIOD	START TIME	END TIME	PRINTED FIRST & LAST NAME	SIGNATURE	MINUTES SUBBED
1st	7:28	8:12			
2nd	8:15	8:57			
3rd	9:00	9:42			
4th	9:45	10:27			
Buckeye	10:30	11:12			
5th LUNCH	11:15	11:45			
6th LUNCH	11:45	12:15			
7th LUNCH	12:15	12:45			
8th	12:48	1:30			
9th	1:33	2:15			
				TOTALS:	

_____ _____

SIGNATURE OF PRINCIPAL / ADMINISTRATOR **DATE**

TREASURER'S OFFICE ONLY		
PAY GROUP: **34** | POSITION: **13** | **REGULAR** PAY ACCOUNT: **001-1190-112…18000-OPU-016-001** **$30.00**/PERIOD	**RECEIVED:**	**# Names on Sheet:**