Southeastern Local School District

Certified Substitute Time Sheet

Name: _____ Pay Dates: _____

		Check One		Check One	
Date	**Subbed For:**	Half Day	Whole Day	MV	HS

Payroll Use Only:
#Days:_____ x $_____ =$_____
Grand Total:$_____

_____
Substitute Signature

_____
Principal Signature

*Payment will not be made without Employee AND Supervisor Signatures

SELS Treasurer's Office 8/23