Each employee is responsible for turning in their own approved timesheet to the payroll department by the due date, in order to receive pay for work performed.

Internal Sub Timesheet

Please make copies on WHITE paper

2026-2027

Work Dates: From: _____ **To:** _____

Pay Date: _____

NAME: _____

ADDRESS: _____

JOB TITLE: _____

PHONE #: _____

_____

Account #:

Principals/Administrators: Please indicate account number and rate of pay upon approval.

Please do not write # of minutes worked. Please round to the nearest **quarter** hour when not a full hour/day.
For example: 15 minutes = .25 hours; 30 minutes = .5 hours; 45 minutes = .75 hours

Building	Position (TA,TCH,SEC)	Work Performed: Internal Sub for who and if split.** PLEASE BE SPECIFIC **	DATE	NUMBER OF HOURS

Total Amount To Be Paid:	**Pay Rate:**	**Total Amount Hours Worked:**
Internal Sub Certified Staff: $35		**Internal Sub Non-Certified Staff: $20 or your hourly rate WHICHEVER IS HIGHER**
Supervisor Signature:		
Administration Approval Signature:		