



BUCKEYE LOCAL SCHOOL DISTRICT
Period Sub
JHS

SUBBING FOR: _____

DATE: _____

PERIOD	START TIME	END TIME	PRINTED FIRST & LAST NAME	SIGNATURE
1st	7:30	8:23		
2nd	8:26	9:18		
3rd	9:21	10:13		
4th	10:16	10:46		
5th	10:49	11:19		
6th	11:22	11:52		
BUCKEYE	11:55	12:25		
7th	12:28	1:20		
8th	1:23	2:15		

SIGNATURE OF PRINCIPAL OR ADMINISTRATOR

DATE

TREASURER'S OFFICE ONLY

PAY GROUP: **34** | POSITION: **13** | **REGULAR**

PAY ACCOUNT: **001-1190-112...180000-OPU-016-001**

\$35.00/PERIOD

RECEIVED:

**# Names
on Sheet:**