Barre Unified Union School
District Substitute Timesheet

Name: _____ **School (circle one):** **BCEMS** **BTMES** **SEA** **SHS**

Must be submitted to your Sub Coordinator by Thursday at 4:00 before the pay period ends.

Date	# of Hours	Teacher / Para	Student Initials/Classroom	Funding Code	Rate	Total
Total #						

Substitute Signature: _____ **Date:** _____ **Sub Coordinator Signature:** _____

FY 26/27 Rates:

Daily Substitute Teacher		School Nurse
$18.00/hr		$50.00/hr

Please return the completed timesheet to the Substitute Coordinator.

Updated 10/15/26