

Time Sheet for Substitutes

Name: _____

Month and Year: _____

Address: _____

Location: _____

Home Phone Number: _____

PLEASE CHECK IF CHANGE IN ADDRESS OR PHONE NUMBER

Date	Classroom	Type: S=Substitute C=Child Care	Program: ie "Cooking Matters"	On-Site Staff Initials	Office Use Only	Actual Hours Worked*
Totals						

I CERTIFY THAT THE ABOVE IS CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED.

Employee Signature Date

Supervisor Signature Date

Note that any time sheet turned in after the 15th or end of the month will be processed on the next payroll.

* Record only time that was actually worked (Do not project ahead).

Hold (Hermiston)

Mail