

**SUBSTITUTE HOURLY STAFF**

**Employee Name:**  
(As it appears on paycheck)

<b>Employee ID:</b>	Custodian <input type="checkbox"/>	Tchr Aide <input type="checkbox"/>	Clerical <input type="checkbox"/>	<b>Pay Period</b>	
	Maintenance <input type="checkbox"/>	Child Care <input type="checkbox"/>	Hall Monitor <input type="checkbox"/>	<b>From</b>	<b>To</b>

	Date	Time In	Time Out	Hrs Wrk'd	Substitute For (Staff Member/Bldg)	Reason	Supervisor Approval
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							

<b>Total</b>		Notes:
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<i>SHADED AREAS FOR BUSINESS OFFICE USE ONLY</i>	Weekly Totals	Code/Hrs REG _____ OTS _____ OTX _____ Total _____	<b>ALL TIMESHEETS ARE DUE TO PAYROLL IN ACCORDANCE WITH THE PUBLISHED SCHEDULE FOR PROCESSING WITH THE NEXT REGULAR PAY</b> <i>Work in multiple bldgs must have each principal's approval prior to payment.</i>
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	Date	Time In	Time Out	Hrs Wrk'd	Substitute For (Staff Member/Bldg)	Reason	Supervisor Approval
Sat							
Sun							
Mon							
Tue							
Wed							
Thu							
Fri							

<b>Total</b>		Notes:
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<i>REG Regular Pay</i> <i>ADL Additional Pay</i> <i>SUB Part Time Sub</i>	Weekly Totals	Code/Hrs REG _____ OTS _____ OTX _____ Total _____	<i>Date Rec'd by Payroll:</i> _____  <i>Entered By:</i> _____  <i>Payroll Date:</i> _____
	BiWeekly Totals	Code/Hrs REG _____ OTS _____ OTX _____ Total _____	

My signature below certifies that the information shown on this sheet is true and correct.

Employee Signature	Date	Principal/Supervisor Signature	Date	Cabinet Signature	Date
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