

SUBSTITUTE TEACHER STAFF

Employee Name:
(As it appears on paycheck)

Employee ID:				Bldg/ Schl:		Pay Period			
						From		To	
	Date	AM	PM	Full Day	Grant Pd Y/N	Substitute For (Teacher/School)	Reason		Supervisor Approval
Mon									
Tue									
Wed									
Thu									
Fri									

Total Notes:

SHADED AREAS FOR BUSINESS OFFICE USE ONLY				Weekly Totals	Code/Hrs REG _____ OTS _____ OTX _____ Total _____	ALL TIMESHEETS ARE DUE TO PAYROLL IN ACCORDANCE WITH THE PUBLISHED SCHEDULE FOR PROCESSING WITH THE NEXT REGULAR PAY <i>Work in multiple bldgs must have each principal's approval prior to payment.</i>			
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	Date	AM	PM	Full Day	Grant Pd Y/N	Substitute For (Teacher/School)	Reason		Supervisor Approval
Mon									
Tue									
Wed									
Thu									
Fri									

Total Notes:

REG Regular Pay ADL Additional Pay XTL Tchr Leadership Rate XTP Tchr Participant Rate SUB Part Time Sub	Weekly Totals	Code/Hrs REG _____ OTS _____ OTX _____ Total _____	Date Rec'd by Payroll: _____ Entered By: _____ Payroll Date: _____
	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