SUBSTITUTE PAYROLL SHEET

THE PRINCIPAL OR SECRETARY MUST SIGN YOUR TIMESHEET AT THE END OF EACH DAY
YOU MUST SIGN YOUR TIMESHEET

NAME: _____ _____

DATE	CONF #	SITE	NAME OF TEACHER SUBSTITUTED FOR	FULL/HALF DAY	SCHOOL OFFICIAL SIGNATURE
					TOTAL DAYS
YOU MUST TOTAL THE NUMBER OF DAYS WORKED →→→→→→→					

YOU ARE RESPONSIBLE FOR SUBMITTING THIS TIMESHEET TO THE ADMINISTRATION OFFICE ON THE **LAST *WORKING* DAY OF EACH MONTH.** FAILURE TO SUBMIT YOUR TIMESHEET BY THE DEADLINE DATE WILL CAUSE A DELAY IN RECEIVING PAYMENT UNTIL THE FOLLOWING MONTH.

SUBSTITUTE SIGNATURE REQUIRED BELOW

OFFICE USE ONLY

VERIFIED

I certify the above is a correct statement of days worked.

REVISED 3/6/2017