

Substitute Time Report

 Employee Name: _____
(please print)

 (3688) Infant Care

 (3694) Sub Add'l Hrs

 (3699) Childcare

Special Rate/Instructions:

 (3697) Athletic Trainer

 (3692) Preschool

 (3695) Interpreter

 (3698) Latchkey

 (3677) Reg. Teacher Add'l Hrs
Step Schedule

Other: _____

Form is due the Friday prior to the next pay date

Dates Worked MM/DD	Start Time A.M./P.M.	End Time A.M./P.M.	Hrs. to Pay (minus lunch)	Account Number	Employee Replaced (Note if add'l staff is required)	Reason
MON. /						
TUES. /						
WED. /						
THURS. /						
FRI. /						
MON. /						
TUES. /						
WED. /						
THURS. /						
FRI. /						

For Payroll Use Only: _____ Hrs. x \$ _____ = _____

Substitute Signature _____

Date _____

Supervisor Signature _____

Date _____