

NAME: _____

EMPLOYEE ID#: _____

PAY DATE: _____



BUSINESS SERVICES
CERTIFICATED SUBSTITUTE TIMESHEET - Turn in monthly

Daily Rate of Pay = \$200.00

Sick Leave: 1 hour (1/6 Daily Rate) for every 30 hours worked

Date	Name of absent teacher	Abs Rsn	Days	Period	Budget Code

Absence Reason: 1- Illness 2- PN/No Tell 3- Bereavement 4- Unexcused Absence 5- School Business 6- Jury Duty

Substitute Signature: _____

Site Admin Approval: _____