

NAME: \_\_\_\_\_

EMPLOYEE ID#: \_\_\_\_\_

PAY DATE: \_\_\_\_\_



**BUSINESS SERVICES**

**CLASSIFIED SUBSTITUTE TIMESHEET - Turn in monthly**

Sick Leave: 1 hour paid for every 30 hours worked

Date	Duty Performed	Location	Start Time	End Time	Start Time	End Time	Total
Account Line							

Substitute Signature: \_\_\_\_\_

Site Admin Approval: \_\_\_\_\_