



**Time Sheet for**

**Long-Term Substitute Teachers**

Instructions: Please complete this form for a 10-day period or for the number of days you worked for the current pay period. Prepare and submit to your building principal.

All sheets must be submitted to the payroll office by Monday morning following payday.

**\*\*Failure to complete this form in its entirety will result in a delay of payment\*\***

**Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Substitute in Absence of:** \_\_\_\_\_ **Subject:** \_\_\_\_\_

**First Week**

Day	Month	Date	Year	Indicate Full Day/Half Day/ or Absence
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Second Week**

Day	Month	Date	Year	Indicate Full Day/Half Day/ or Absence
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Total Hours/Days: \_\_\_\_\_

Rate: \_\_\_\_\_

Earnings for this Period: \_\_\_\_\_

<b>Payroll Use Only:</b>
Code: _____

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Principal's Signature Date