

MONTHLY TIMESHEET
FOR SUBSTITUTE & TEMPORARY

CHECK THE APPROPRIATE BOX:
 Substitute Teacher
 Substitute Inst Asst
 Temporary
 Other _____

Name: _____
 Social Security #: XXX – XX – _____

Month & Year: _____
 Hourly Rate: \$ _____

Date	Substituted for and Frontline Job #: Sick Leave and Frontline Job #:	Total Hours	Program Use ONLY			HR Use
			Regular Hours	Overtime Hours	Site Verification	SICK Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
					TOTALS	

FD	RE	PY	GO	FN	OB	SI	CO	RP	%	Units	@ Rate	Total Due

I certify this to be a true and accurate statement of hours worked.

I certify hours have been verified.

 Employee Signature

 Department Approval

