

Classified Substitute Timesheet

Name:							_
Substituting For:						_	
Building:							_
*** Please	date for each calculate ho	ours worke	d in hundr	edths. (Ex	: 30 min.		50 min = .83)
Week 1		TIME					
Date		ln	Out	ln	Out	Hours	Position
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
					TOTAL		
Week 2		TIME					
Date		In	Out	ln	Out	Hours	Position
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
	Sunday						
					TOTAL		J
Employee Si	ignature						
Supervisor S	Signature						Date

^{***}All time sheets require a building principal signature