

Substitute Payroll Sheet

To Be Taken to School Official at the End of Each Day

Name _____

Social Security No. _____

Please Print

(Last Four)

Any dates that do not correspond to this payperiod will not be paid.

Only original forms will be processed for payment



FOR PAYPERIOD OF 10/1/18-10/15/18

PAYPERIOD DEADLINE 10/16/18

*Vacancy (VAC) *General Leave (GL) *School Business (SB) *Bearevement (BL) *Jury Duty (JD)

TO BE COMPLETED BY SCHOOL OFFICIAL							
Dates	Hours Worked	Name and Position of Employee for Whom Substituted	Fund	Job Class*	Location Code	Job Code	School Official Signature Signature
Monday, October 1, 2018		FALL BREAK					
Tuesday, October 2, 2018		FALL BREAK					
Wednesday, October 3, 2018		FALL BREAK					
Thursday, October 4, 2018		FALL BREAK					
Friday, October 5, 2018		FALL BREAK					
Monday, October 8, 2018							
Tuesday, October 9, 2018							
Wednesday, October 10, 2018							
Thursday, October 11, 2018							
Friday, October 12, 2018							
Monday, October 15, 2018							

Total Hours Worked _____

Substitute will be responsible for submitting this form to Payroll on or before the designated date on the schedule. Time sheets brought in after the due date will **NOT** be paid until the next scheduled semi-monthly pay date.

I certify the above is a correct statement of hours worked

***Time sheet will not be processed without signature**

FOR PAYROLL USE ONLY

Fund	Job Class	Location	Hours	Rate	Total
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