

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 5/16/19-5/30/19

PAYPERIOD DEADLINE 5/31/19

*Vacancy (VAC) *General Leave (GL) *School Business (SB) *Bereavement (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
Thursday, May 16, 2019							
Friday, May 17, 2019							
Monday, May 20, 2019							
Tuesday, May 21, 2019							
Wednesday, May 22, 2019							
Thursday, May 23, 2019							
Friday, May 24, 2019							
Monday, May 27, 2019		Memorial Day					
Tuesday, May 28, 2019							
Wednesday, May 29, 2019							
Thursday, May 30, 2019							

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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