

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 4/16/19-4/30/19

PAYPERIOD DEADLINE 5/1/19

*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
Tuesday, April 16, 2019							
Wednesday, April 17, 2019							
Thursday, April 18, 2019							
Friday, April 19, 2019							
Monday, April 22, 2019							
Tuesday, April 23, 2019							
Wednesday, April 24, 2019							
Thursday, April 25, 2019							
Friday, April 26, 2019							
Monday, April 29, 2019							
Tuesday, April 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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