



Substitute Time Report

Payroll Date Stamp

Name (PRINT): _____

Pay Period Ending: _____

Emp No: _____

School/Dept: _____

DAY	DATE	SUBSTITUTING FOR: (Print Full Name)	LEAVE TYPE	SUB CODE (Required for Prof Leave)	CHECK IN	CHECK OUT	SUB'S INITIALS (Required Daily)	HOURS WORKED**
MON								
TUE								
WED								
THU								
FRI								
MON								
TUE								
WED								
THU								
FRI								
TOTAL								

Substitute must initial daily and sign time report. School retains time report and submits it to Payroll by the due date.

**** HOURS WORKED:**

If subbing for a certified position (teacher)

- Include lunch period in hours worked

If subbing for a non-certified position (i.e. Para, Admin Asst, etc)

- Unpaid lunch, do not include in hours worked

I certify that this Time Report is correct to the best of my knowledge:

Substitute's Signature

Date

Administrator/Administrative Assistant Signature

Date