

INTERNAL SUBSTITUTE TIMESHEET

IMPORTANT: 1-Fill out electronically

2-Use the format H:MM when entering the time

NAME: Cellia DATE:	NAME: celina DATE:	
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DATE SUBBED	SUBBED FOR:	SESSION		TIM	E WORKED			TOTAL HOURS
		1	Full Session:		Y/N	=	У	1:50
		•	Partial Session:	From:	1:00	To:	3:00	2:00
		2	Full Session:		Y/N	=		0:00
		2	Partial Session:	From:	1:00	To:	3:00	2:00
		3	Full Session:		Y/N	=	n	0:00
		,	Partial Session:	From:	1:15	To:	3:10	1:55
		1	Full Session:		Y/N	=	У	1:50
		-	Partial Session:	From:	11:15	To:	12:10	0:55
		2	Full Session:		Y/N	=	У	1:50
			Partial Session:	From:	10:00	To:	12:00	2:00
		3	Full Session:		Y/N	=	У	1:50
		,	Partial Session :	From:	8:00	To:	10:00	2:00
		1	Full Session:		Y/N	=	У	1:50
		-	Partial Session:	From:	10:00	To:	11:30	1:30
		2	Full Session:		Y/N	=	У	1:50
		_	Partial Session:	From:		To:	10:10	1:00
		3	Full Session:		Y/N	=	У	1:50
			Partial Session:	From:	8:00	To:	10:00	2:00
		1	Full Session:		Y/N	=	У	1:50
		_	Partial Session:	From:	11:00	To:	12:30	1:30
		2	Full Session:		Y/N	=	У	1:50
		_	Partial Session:	From:	9:00	To:	10:00	1:00
		3	Full Session:		Y/N	=	У	1:50
			Partial Session:	From:	8:00	To:	8:30	0:30
		1	Full Session:		Y/N	=	У	1:50
		_	Partial Session:	From:	9:00	To:	9:55	0:55
		2	Full Session:		Y/N	=	У	1:50
		_	Partial Session:	From:		To:	11:00	1:00
		3	Full Session:		Y/N	=	У	1:50
		,	Partial Session :	From:	10:00	To:	12:00	2:00
02.2023/CR*						TOTAL	LHOURS	46:05

Principal S	Signature

FOR OFFICE USE:

HOURS WORKED	H. RATE		PAY
	\$	30.65	