



Substitute Time Sheet

Today's Date _____ Name _____

Fill out below by including the following: **Date you subbed, Person** you were substituting for, **session(s)** and/or **time you subbed. (SEE NOTE BELOW) Please turn this in to Principal Assistant for processing five days before next pay period.**

Date Subbed	Subbed for (Name)	Session(s) 1, 2, 3 or all	Hours	**Amount

NOTE: If you subbed part of a session or in a Cosmetology, where there is a.m. and p.m. session, please write in time

**** To be filled in by Office**

Principal Signature _____