Timesheet for Substitutes

Name: _____ Month and Year: _____

Address: Location: _____

_____ Home Phone Number: _____

_____

☐ *PLEASE CHECK IF CHANGE IN ADDRESS OR PHONE NUMBER*

Date	**Location**	**HS/EHS/OPK**	On-Site Staff Initials	Rate of Pay	**Actual Hours** Worked*
Totals					

I CERTIFY THAT THE ABOVE IS CORRECT AND THAT PAYMENT HAS NOT BEEN RECEIVED.

_____ _____

Employee Signature Date Supervisor Signature Date

Record only time that was actually worked (Do not project ahead).

☐ Hold (Hermiston) ☐ Mail