

CLASSIFIED CASUAL EMPLOYEE TIMESHEET Site _____

Payroll Period From _____ to _____

Substitute: Name _____

ID # _____
(required)

check one	
<input type="checkbox"/> Campus Aide	<input type="checkbox"/> Sub Instr Asst
<input type="checkbox"/> Sub Clerical	<input type="checkbox"/> Sub Instr Asst/SH
<input type="checkbox"/> Sub Custodian	<input type="checkbox"/> Student Helper
<input type="checkbox"/> Sub Food Serv	<input type="checkbox"/> Other _____

Date Signature of Substitute Name of Absent Emp/Reason
(school site MUST fill in) Time In / Time Out Total Hours Paid
(DO NOT include lunch)

21				/	
22				/	
23				/	
24				/	
25				/	
26				/	
27				/	
28				/	
29				/	
30				/	
31				/	
1				/	
2				/	
3				/	
4				/	
5				/	
6				/	
7				/	
8				/	
9				/	
10				/	
11				/	
12				/	
13				/	
14				/	
15				/	
16				/	
17				/	
18				/	
19				/	
20				/	

Approved by _____ administrator _____ date

Total Hours _____

Acct # _____